

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYMENT

<b>Personal Information</b>		Date:	
NAME: (LAST NAME FIRST)		SOCIAL SECURITY NUMBER:	
PRESENT ADDRESS:		CITY:	STATE:
PERMANENT ADDRESS:		CITY:	STATE:
PHONE NUMBER	SECONDARY PHONE NUMBER	REFERRED BY	
EMPLOYMENT DESIRED	CDL YES      NO	DOB	DRIVER LICENSE #

POSITION		DATE YOU CAN START	
ARE YOU EMPLOYED NOW?	YES      NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ___ YES ___ NO	
EVER APPLIED TO THIS COMPANY BEFORE?	YES      NO	IF SO, WHEN?	

Education History:	NAME & LOCATION OF SCHOOL	YEARS	GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL:				
COLLEGE:				
TRADE, BUSINESS, OR TECHNICAL SCHOOL				

<b>GENERAL INFORMATION</b>				
SUBJECT OF SPECIAL STUDY / RESEARCH WORK:				
SPECIAL TRAINING:				
SPECIAL SKILLS:				
U.S. MILITARY OR OR NAVAL SERVICE				RANK:
<b>FORMER EMPLOYERS:</b>	(LIST LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST)			
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

<b>REFERENCES (GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU'VE KNOWN FOR E YEARS)</b>			
<b>NAME</b>	<b>PHONE NUMBER</b>	<b>BUSINESS</b>	<b>YEARS KNOWN</b>

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has an authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE - APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE - EMPLOYER**

<b>SALARY</b>	<b>WAGES</b>	<b>POSITION</b>