Application for Employment

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

Name, Last, First MI	Last 4 digits of your social:	Date:
Present Address:	City:	State, Zip:
Permanent Address:	City:	State, Zip:
Email:	Phone:	Referred By:

Employment Desired

Position:	Date You Can Start:	Salary Desired:
Are You Employed? Y ☐ N ☐	If so, may we inquire of your present employer? Y ☐ N ☐	Employer's Information:
Have you ever applied to this company before? Y ☐ N ☐	Where:	Date:

Education History

Name and Location of School		**Dates Attended**	**Did You Graduate**	**Subjects Studied**
Grammar School				
High School				
College				
Trade, Business or Other				
Trade, Business or Other				

General Information

Subjects of special study, research work, or special training skills:	
US Military Service:	Rank:

Former Employers

List below the last four employers, beginning with you most recent employment.

Date: Month & Year	**Name, Address & Phone**	**Salary**	**Position**	**Reason for Leaving**
From **To**				
From **To**				
From **To**				
From **To**				

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References

Give the names of three (3) persons NOT related to you whom you have known at least one year

Name	Address and Phone	Business	Years Known

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 investigations 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 any 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 waver does not permit the release of one of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

_____ _____

Signature Date

_____ _____

Interviewed By Date

Office Use Only **Do not write below**

Remarks

Past History Reference Check				
Communication Skills				
Interest in Position				
Appropriateness of Dress				
Hired – To Start	**For Dept**	**Position**	**Will Report To**	**Salary/Wages**

Approved

1 Employment Manager	**2 Department Head**	**3 Operations Manager**