



Application for Employment

PERSONAL INFORMATION

NAME: (Last name first)		Social Security Number:	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
CELL PHONE #:	OTHER PHONE #:	REFERRED BY:	

EMPLOYMENT DESIRED

POSITION:	START DATE:	SALARY DESIRED:
Are you employed: Yes..... No....	May we inquire of you Present employer? Yes..... No....	Are you legally authorized to work in the U.S.? Yes No.....
1. Have you ever applied to this company before? Yes No 2. If the above answer is yes, where and when? _____ 3. Do you have any condition that would prevent you from doing your job in a safe and correct manner in all aspects for the position applied? 4. If the above answer is yes, please explain: _____ _____ _____		

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
High School:				
Trade, Business, etc.				

GENERAL INFORMATION

Special Research and/or Training:	
Special Skills:	
U.S. Military or Naval Service:	Rank:

FORMER EMPLOYERS (List last three employers, starting with LAST ONE first.)

Month/Year:	Name & Address of Employer:	Position:	Reason for Leaving:
From: To:			
From: To:			
From: To:			



PRE- EMPLOYMENT QUESTIONNAIRE - AN EQUAL OPPORTUNITY EMPLOYER

REFERENCES should NOT be related to you AND someone you have known at least one year.

Table with 4 columns: NAME, ADDRESS, BUSINESS, YRS.KNOWN. It contains three empty rows for providing references.

*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 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 any 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."

Date: _____ Signature: _____

***** DO NOT WRITE BELOW THIS LINE *****

REMARKS: _____

Neatness:		Character:		
Personality:		Ability:		
Hired date:	Department:	Position:	Start date:	Salary/Wages:

Employment Manager: _____ Department Head: _____ General Manager: _____