



APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire
Equal Opportunity Employer

Date: _____

Name: _____

Present Address: _____

Phone Number: _____ Email: _____

Referred By: _____

Position Desired

Date You Can Start

Salary Desired

Are you currently employed? If so, may we inquire of your present employer (include contact name and #)?

What days and hours are you available to work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Education History

Name and Location of School

Years Attended

Did You Graduate?

High School:

College:

Trade, Business or Correspondence School:

Subjects of Special Study/Research Work or Special Training/Skills:

U.S. Military or Naval Service

Rank

Former Employers (List below last four employers, starting with last one first)

<u>Name/Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>	<u>Dates Hired</u>
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References

Give below the names of three persons not related to you or personal friends, whom you have known at least one year. (Name, Phone Number, Business, Years Known)

1. _____
2. _____
3. _____

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 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.

Date: _____

Signature: _____

