



APPLICATION FOR EMPLOYMENT Pre-Employment Questionnaire
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name: _____

Address: _____

Phone No.: _____ Cell Phone No.: _____

Social Security No.: _____

Referred By: _____

EMPLOYMENT DESIRED

Position: _____

Date you can start: _____ Salary Desired: _____

Are you employed: _____

If so, may we contact your employer? _____

Have you ever applied to the company before? : _____

Where _____ When _____

EDUCATION HISTORY

	Name and Location:	Years Attended:	Did You Graduate?	Subjects Studied
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High School				
College				
Trade Business or Correspondence School				

Subjects of Special Study/ Research work or Special Training Skills

FORMER EMPLOYERS

Date Month & Year	Name and Address of Employer	Salary	Position	Reason for Leaving
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REFERENCES Give Below the names of three persons not related to you, whom you have known at least one year

Name	Address	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 investigation of all statements contained herein and the references and employers listed above to give you 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.”

Signature _____ **Date** _____