

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip Code)

Telephone _____ Social Security Number _____
(Area Code)

Driver's License Number _____ State _____ Expiration Date _____

Have you ever been convicted of a felony? Yes No If Yes, Fully Explain Felony below.

If offered employment, can you submit verification of your legal right to work in the United States? Yes No

If the position you are applying for requires that you provide your own transportation, are you able to? Yes No

Referred By? _____

EMPLOYMENT DESIRED

Position applied for _____ Salary Desired _____

Have you applied for a position here before? Yes No If yes, when? _____

Type of employment requested Full Time Part Time Temporary Summer

Date you could begin working _____ Typing Speed (WPM) _____

Summarize any other special skills, qualifications, language abilities, or certifications.

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DATES ATTENDED	DID YOU GRADUATE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
GRADUATE SCHOOL					
OTHER EDUCATION					

MILITARY SERVICE

U.S. Military or Naval Service _____ Rank _____

Were you Honorably Discharged? Yes No

Commendations _____

FORMER EMPLOYERS - list below, last four employers, starting with most recent first

Date - Month & Year	Name & Address of Employer	Salary	Position	Reason For Leaving

REFERENCES - PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR

Name	Address & Telephone Number	Company	Years Known

AUTHORIZATIONS

"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 _____

Interviewed By _____ Date _____

DO NOT WRITE BELOW THIS LINE

Remarks _____

NEATNESS: _____ CHARACTER: _____

PERSONALITY: _____ ABILITY: _____

HIRED: _____ FOR DEPT: _____ POSITION: _____ WILL REPORT: _____ SALARY WAGES: _____

APPROVED: 1. _____ EMPLOYMENT MANAGER 2. _____ DEPARTMENT HEAD 3. _____ CORPORATE OFFICE