



# APPLICATION FOR EMPLOYMENT



PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE : \_\_\_\_\_

### PERSONAL INFORMATION

\* NOT REQUIRED

NAME (LAST NAME FIRST)		* SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (      )	CELL NO. (      )	E-MAIL	
* <b>JOB REQUIREMENTS: WILL YOU PASS?</b>		DRUG TEST <input type="checkbox"/> Y <input type="checkbox"/> N	BACKGROUND CHECK <input type="checkbox"/> Y <input type="checkbox"/> N
		VALID DRIVERS LICENSE <input type="checkbox"/> Y <input type="checkbox"/> N	

### EMPLOYMENT DESIRED

POSITION	IF HIRED DATE YOU COULD START	* SALARY DESIRED \$
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> Y <input type="checkbox"/> N	EVER APPLIED TO THIS COMPANY BEFORE <input type="checkbox"/> Y <input type="checkbox"/> N	IF EMPLOYED, MAY WE CONTACT THEM <input type="checkbox"/> Y <input type="checkbox"/> N

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED IF NOT STANDARD CURRICULUM
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK OR SPECIAL TRAINING OR SKILLS

### MILITARY HISTORY

U.S. MILITARY SERVICE	RANK
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**FORMER EMPLOYMENT** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME, CITY AND STATE OF EMPLOYER		DATE MONTH AND YEAR	POSITION	REASON FOR LEAVING
	CITY	FROM		
	STATE	TO		
	CITY	FROM		
	STATE	TO		
	CITY	FROM		
	STATE	TO		
	CITY	FROM		
	STATE	TO		

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	NO. YEARS

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statrments 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 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 Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Check This Box To Authorize  
This as an "Electronic Signature"

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_