

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## Personal Information

NAME (LAST NAME FIRST)				DATE _____
PRESENT ADDRESS				CITY
				STATE
				ZIP CODE
PREVIOUS ADDRESS				CITY
				STATE
				ZIP CODE
PHONE				
(            )				

## Employment Desired

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED?	YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO
EVER APPLIED TO THIS COMPANY BEFORE?	YES	NO	WHERE?	WHEN?	

## Education History

GRAMMAR SCHOOL	
HIGH SCHOOL	
COLLEGE	
TRADE, BUSINESS OR CORRESPONDENCE	

## General Information

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 THE LAST ONE FIRST)

FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR 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 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 American 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		
DATE HIRED	FOR DEPT	POSITION	WILL REPORT	WAGES

APPROVED BY: