



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

FULL NAME (LAST NAME FIRST)			
ADDRESS	CITY	STATE	ZIP
PHONE NO.	HOW DID YOU HEAR ABOUT US?		

EMPLOYMENT DESIRED

POSITION	LOCATION DESIRED	DATE YOU CAN START	SALARY/RATE DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE/WHEN?	

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL SKILLS	
HAVE YOU BEEN CONVICTED OF A CRIME OR FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN TERMINATED FROM A JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO
U.S. MILITARY OR NAVAL SERVICE	RANK
DO YOU HAVE TRANSPORTATION?	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, verification will be required)	

FORMER EMPLOYERS

(LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE (MONTH & YEAR)	BUSINESS NAME/PHONE #	SALARY/RATE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

MAY WE CONTACT FORMER EMPLOYERS? YES NO

PERSONAL REFERENCES LIST 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 Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

DATE _____

SIGNATURE _____

(Do Not Write Below This Line)

INTERVIEW #1 BY _____

DATE _____

INTERVIEW #2 BY _____

DATE _____

APPROVED: 1. _____
MANAGER

2. _____
GENERAL MANAGER

PLEASE DROP OFF COMPLETED APPLICATION TO YOUR LOCATION OF CHOICE.