

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address			Apartment/Unit #
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security No.	Desired Salary	
Date Available	Position Applied for		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION

High School	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other	Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

PREVIOUS EMPLOYMENT

Company	Phone	
Address	Supervisor	
Job Title	Salary	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company	Phone
Address	Supervisor
Job Title	Salary

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone

Address Supervisor

Job Title Salary

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

REFERENCES

Please list three professional references.

Full Name Relationship

Company Phone

Address

Full Name Relationship

Company Phone

Address

Full Name Relationship

Company Phone

Address

DISCLAIMER AND SIGNATURE

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.

Signature

Date