

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: / /

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE AND/OR CELL PHONE NUMBERS		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

GENERAL INFORMATION

CAN YOU LIFT MORE THAN 50LBS.? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU NEED ANY SPECIAL ACCOMMODATIONS IN DOING SO? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF SO, WHAT ARE THEY?	DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION HISTORY

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

REFERENCES

GIVE FOUR NAMES OF PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION
FROM TO			
TITLE & DUTIES PERFORMED:			
REASON(S) FOR LEAVING:			
DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION
FROM TO			
TITLE & DUTIES PERFORMED:			
REASON(S) FOR LEAVING:			
DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION
FROM TO			
TITLE & DUTIES PERFORMED:			
REASON(S) FOR LEAVING:			
DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION
FROM TO			
TITLE & DUTIES PERFORMED:			
REASON(S) FOR LEAVING:			

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 _____