



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
EQUAL OPPORTUNITY
EMPLOYER

Personal Information

Date: _____

Name (Last Name First)		DOB:	
Address		City	State Zip Code
Email Address:			
Phone No.		Referred by	

Employment Desired

Position		Date You Can Start	Salary Desired	
Are you Employed Now?	Yes _____ No _____	If so, may we inquire of your present employer?	Yes _____ No _____	
Have you ever applied to this Company before?	Yes _____ No _____	When		

Education History

	Name & Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

General History

Subject of Special Study/Research Work			
Special Training			
Special Skills			
U.S. Military or Naval Service		Rank	

Current & Former Employers (List your last four employers below, starting with the current one first)

Date, Month, and Year	Name & Phone Number of Employer	Salary	Position	Reason for Leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Continued On Other Side

References (Give the names of three persons, not related to you, who you have known at least one year)

Name	Address	Phone Number	Relationship	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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United State and to complete the required eligibility verification document form upon hire.

Date

Signature

_____ **DO NOT WRITE BELOW THIS LINE** _____

Date

Interviewed By

Remarks

Approved:

Employment Manager

Department Head

General Manager