

APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire ~ equal opportunity employer

**ATTENTION: ONLY APPLICANTS WHO FILL OUT
ENTIRE APPLICATION WILL BE CONSIDERED.**

Full Name (Print your last name first)	Social Security No.	Today's Date:	
Present Address	City	State	Zip code
Phone number (please list multiples if you have them)	How did you find out about this job? / Referred by someone?		

EMPLOYMENT DESIRED

**Must Fill out Salary Desired or
Application will be discarded**

Position ~ "Any" not accepted	Date you can start:	Salary desired ~ Negotiable not accepted
Are you currently employed? Yes No	If no, how long has it been since you last worked?	
Ever applied to this company before? Yes No	Where?	When?

EDUCATION HISTORY

Name and location of school	What years did you attend attended?	What year did you graduate?	Subjects studied
Grammar school			
High School			
College			
Business or Trade school			

FORMER EMPLOYERS (List most recent job first)

Date month and year of Employment	Name of Company or Employer	Salary/Hourly Wage	Position	Reason for leaving
From - To -				
From - To -				
From - To -				
From - To -				

GENERAL JOB QUESTIONS

Do you have any special scheduling requirements? (days you must have off for school, other job, etc.) If Yes, please use this space to explain in detail. If No, please write No	
Do you have any pre-arranged or planned trips, weddings, surgeries, vacations that you will need time off for in the next 6 months? If Yes, please use this space to explain in detail. If No, please write No	
Have you ever been convicted of a felony?	Yes / No
Have you ever served in any branch of military?	Yes / No
Is your spouse or significant other actively involved in any branch?	Yes / No
Are you a member of the reserves?	Yes / No
Are you currently or plan to be enrolling in school?	Yes / No

-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:
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DO NOT WRITE BELOW THIS LINE

Neatness
 Personality