

Application for Employment

Pre-employment Questionnaire
Equal Opportunity Employer

Date _____

First Name _____ Middle Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Date of Birth _____

Employment Desired

Position _____ Date you can start _____ Salary Desired _____

Are you looking for full-time employment? Yes No If no, what hours are you available? _____

Are you employed? Yes No If so, may we contact your present employer? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

Have you ever been convicted of a felony? Yes No If yes, please describe conditions: _____

Employment History (start with most recent)

Company Name _____

Address _____

Telephone Number _____ Name of Supervisor _____

Date Started _____ Date Ended _____ Position _____ Salary _____

Reason for leaving _____

Employment History (start with most recent)

Company Name _____

Address _____

Telephone Number _____ Name of Supervisor _____

Date Started _____ Date Ended _____ Position _____ Salary _____

Reason for leaving

References

Name _____ Phone Number _____

Name _____ Phone Number _____

“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 _____

Interviewed by _____ Date _____