

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION		DATE			
NAME		SOCIAL SECURITY NO			
CURRENT ADDRESS	CITY	STATE	_ ZIP CODE		
DATE OF BIRTHPHONE#	SECONDARY PHONE #	REFERREC	BY		
EMDLOVMENT DECIDED					
EMPLOYMENT DESIRED	DATE VOLUMENTA DE	04145	DEGIDED		
		DATE YOU CAN START SALARY DESIRED			
ARE YOU EMPLOYED NOW? YES NO	•	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? LYES NO			
EVER APPLIED TO THIS COMPANY? YES NO	WHERE	WHEN			
EDUCATION HISTORY					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS, ORCORRESPONDENCE SCHOOL					
GENERAL INFORMATION					
SUBJECT OF SPECIAL STUDY/RESEARCH WORK					
SPECIAL TRAINING					
SPECIAL SKILLS					
U.S.MILITARY OR NAVAL SERVICE	RANK				
FORMER EMPLOYERS (LIST BELOW. LAST FOUR EN	MPLOYERS STARTING WITH MOST REC	ENT FIRST)			
DATE/MONTH/YEAR NAME & ADDRESS OF EMPLOYER	SALARY	POSITION RE	ASON FOR LEAVING		
FROM					
TO					
FROM					
ТО					
FROM					
то					
FROM					
то					

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR) NAME ADDRESS BUSINESS 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 from 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 States. and to complete the required employment eligibility verification document form upon hire. DATE **SIGNATURE** DO NOT WRITE BELOW THIS LINE DATE INTERVIEWED BY REMARKS NEATNESS CHARACTER PERSONALITY ABILITY **POSITION** HIRED FOR DEPT WILL REPORT SALARY APPROVED:

DEPARTMENT HEAD

GENERAL MANAGER

EMPLOYMENT MANAGER