



EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE - EQUAL OPPORTUNITY EMPLOYER

TODAYS DATE
INTERVIEWED

PLEASE COMPLETE APPLICATION, THEN SIGN AND DATE BEFORE TURNING IN.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER _____	
PRESENT ADDRESS		CITY	STATE _____
PHONE NUMBER	DATE YOU CAN START	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU UNDER 18 YEARS OLD? If so, please give DATE OF BIRTH.
CELL PHONE NUMBER	SALARY DESIRED	REFERRED BY	

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

FROM	TO	NAME AND ADDRESS OF EMPLOYER	CONTACT NAME	SALARY	REASON FOR LEAVING

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	PHONE	RELATIONSHIP / HOW KNOWN	YEARS KNOWN

EDUCATION	NAME	GRADE / LEVEL COMPLETED	AVAILABILITY (CHECK ALL THAT APPLY)	
HIGH SCHOOL			<input type="checkbox"/> FULL TIME <input type="checkbox"/> DAYS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> I HAVE RELIABLE TRANSPORTATION	
COLLEGE			<input type="checkbox"/> PART TIME <input type="checkbox"/> NIGHTS <input type="checkbox"/> SPLIT SHIFTS _____ NUMBER OF HOURS AVAILABLE TO WORK	

GENERAL INFORMATION (LIST SUBJECTS OF SPECIAL STUDY, WORK, TRAINING, SKILLS, ABILITIES, AND CHARACTER TRAITS)

“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) on other relevant federal and state laws.”

DATE: _____

SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

REMARKS	NEATNESS	PERSONALITY
	ABILITY	CHARACTER
	START DATE	SALARY