

# APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT QUESTIONNAIRE**

**EQUAL OPPORTUNITY EMPLOYER**

**DATE-**

**PERSONAL INFORMATION**

--	--

NAME ( LAST, MIDDLE, FIRST)

SOCIAL SECURITY NUMBER

--	--	--	--

PRESENT ADDRESS

CITY

STATE

ZIP CODE

--	--	--	--

PERMANENT ADDRESS

CITY

STATE

ZIP CODE

( )	
-----	--

PHONE NUMBER

REFERRED BY

**EMPLOYMENT DESIRED**

I UNDERSTAND THAT THIS IS PART-TIME SEASONAL EMPLOYMENT \_\_\_\_\_

**SIGNATURE**

--	--	--

POSITION

DATE YOU CAN START

SALARY DESIRED

--	--

ARE YOU EMPLOYED- YES OR NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES OR NO

--	--	--

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

**EDUCATION HISTORY**

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				
--	--	--	--	--

**GENERAL INFORMATION**

SPECIAL SKILLS OR TRAINING

--	--

U.S. MILITARY SERVICE

RANK

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

DATE, MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM  TO				
FROM  TO				
FROM  TO				
FROM  TO				

I UNDERSTAND THAT THIS WORK REQUIRES ME TO WORK ON THE THREE DAY WEEKENDS OF MEMORIAL DAY, JULY 4TH, AND THE LAST WEEKEND IN OCTOBER-SIGNATURE \_\_\_\_\_

**REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

NAME	ADDRESS	PHONE	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 REFERENCE 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 TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I UNDERSTAND THAT THIS EMPLOYER MAY USE A BACKGROUND CHECK-SIGNATURE \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ **DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

REMARKS:

APPROVED BY EMPLOYER \_\_\_\_\_ DATE \_\_\_\_\_