

Application for Employment

Personal Information

Pre-Employment Questionnaire

Equal Opportunity Employer

Date _____

Last Name _____

Name		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Secondary Phone No.	Referred By	

Employment Desired

Position	Date You Can Start	Salary Desired
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where	When
Ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where	When
Reason for leaving?		
		Name of last supervisor at this company?
How did you find out about this position? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> Online Ad <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Online Website _____ <input type="checkbox"/> Other		

First _____

Middle Initial _____

Education History

	Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade or Business School				

General Information

Subject of Special/Research Work
Special Training, Certifications, Licenses
Special Skills, Foreign Languages, Etc.

Military Service Record

Have you ever serviced in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	Branch of Service
Discharge Date	Rank

Former Employers (list below last three employers, starting with most recent)

Name of present or last employer			
Address		City	State Zip
Starting Date	Leaving Date		Job Title
Weekly Starting Salary \$	Weekly Final Salary \$		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

Name of previous employer			
Address		City	State Zip
Starting Date	Leaving Date		Job Title
Weekly Starting Salary \$	Weekly Final Salary \$		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

Name of previous employer			
Address		City	State Zip
Starting Date	Leaving Date		Job Title
Weekly Starting Salary \$	Weekly Final Salary \$		May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor	Title	Phone	
Description of Work			
Reason for Leaving			

References

Name	Address	Business	Phone

Special Purpose Questions

Height: _____ Feet _____ Inches Weight: _____ lbs. Are you a U.S. Citizen? Yes No

Have you been convicted of a Felony or Misdemeanor within the last 5 years? Yes No

Describe below:

You will not be derived employment because of a conviction record, unless the offense is related to the job for which you have applied.

I understand and agree that I may be required to take a physical examination or drug test as a condition of hiring or continued employment. I agree to consent to take such tests at such time as designated by the company and to release the company, its directors, officers, agents, or employees from any claim arising in connection with the use of such tests.

Yes No

Are you able to perform each of the following job functions with or without an accommodation?

Heavy lifting, bending? Yes No

Physical, manual labor? Yes No

Have you ever been seriously injured on a job? Yes No

Describe:

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: _____