

# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE—EQUAL OPPORTUNITY EMPLOYER

\*\*\*Please complete all lines, if an item does not apply, write N/A. If application is not complete, it will not be considered.

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME(LAST NAME FIRST):		SOCIAL SECURITY NO:	
PRESENT ADDRESS:			
CITY:		STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:		REFERRED BY:

### EMPLOYMENT DESIRED

POSITION DESIRED:		HOW LONG EXPERIENCE:	
SALARY DESIRED:	HOURS DESIRED:		PART TIME OR FULL TIME
SPECIAL SKILLS:			CURRENTLY EMPLOYED:

### WORK HISTORY (COMPANY 1)

COMPANY NAME:		TELEPHONE NUMBER:	
ADDRESS:		CITY:	STATE: ZIP CODE:
START DATE:	END DATE:	REASON FOR LEAVING:	SALARY:

### WORK HISTORY (COMPANY 2)

COMPANY NAME:		TELEPHONE NUMBER:	
ADDRESS:		CITY:	STATE: ZIP CODE:
START DATE:	END DATE:	REASON FOR LEAVING:	SALARY:

If you would like to add more things to this list, please use the back of this form, or another sheet. Thank You.

#### 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.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_