

APPLICATION FOR EMPLOYMENT		PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER		
PERSONAL INFORMATION		DATE		
NAME (LAST NAME FIRST)				
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY		

EMPLOYMENT DESIRED				
POSITION		DATE YOU CAN START		SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED NOW? YES / NO		IF SO MAY WE INQUIRE YOUR PRESENT EMPLOYER? YES / NO		

EDUCATION HISTORY				
NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION		
SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING SKILLS		
US. MILITARY OR NAVAL SERVICE		RANK

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE <u>LAST ONE FIRST</u>)					
DATE	MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.			
NAME	BUSINESS	PHONE#	YEARS KNOWN

AUTHORIZATION "I certify that the facts contained in this application are true and complete to the best on 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 mutilation of such information. I also understand and agree that no representative of the company has any authority to enter in 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 _____