



EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

LAST NAME		FIRSTNAME		MIDDLE NAME	
ADDRESS			CITY	STATE	ZIP CODE
DATE OF BIRTH		EMAIL ADDRESS:			
PHONE NO.		PHONE NO.(emergency)		EMERGENCY CONTACT RELATIONSHIP	
SOCIAL SECURITY NO.		EMERGENCY CONTACT NAME			
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
				YES	NO
Have you ever been convicted of a felony?		YES	NO	If yes, explain:	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED?		YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?		WHERE?			WHEN?

EDUCATION HISTORY

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

GENERAL INFORMATION

SUBJECTS OR SPECIAL STUDY/RESERCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVY SERVICE	RANK

WORK HISTORY (list most recent employment first)

EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT		REASON FOR LEAVING	
POSITION		DUTIES	
NAME OF SUPERVISOR/MANAGER		PHONE NO.	SALARY
			STARTING: ENDING:

EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT		REASON FOR LEAVING	
POSITION		DUTIES	
NAME OF SUPERVISOR/MANAGER		PHONE NO.	SALARY STARTING: ENDING:
EMPLOYER		ADDRESS	
DATE OF EMPLOYMENT		REASON FOR LEAVING	
POSITION		DUTIES	
NAME OF SUPERVISOR/MANAGER		PHONE NO.	SALARY STARTING: ENDING:

INTERVIEW INFORMATION

Communication Skill	Very Good	Good	OK	Poor	Pay Rate: \$
Have Drivers License	Yes	No	Job Experience :	Year	Job Location:

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 authorization 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 written 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 laws and state laws."

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS. AND I UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT A CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME.

APPLICANT SIGNATURE: _____

DATE: _____

INTERVIEWED BY: _____

DATE: _____



APPLICATION FOR EMPLOYMENT