

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

Equal Opportunity Employer

PERSONAL INFORMATION

Name				
Present Address		City	State	Zip
Home Phone Number		Business Phone Number		Cellular Phone Number
Date Completed	Date of Birth		Social Security Number	

EMPLOYMENT DESIRED

Position / Department		Date You Can Start	Salary Desired	
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you applied to this company in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?	
Can you, if employed, submit verification of your right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there any reason you may not be able to attend work on a regular basis or be to work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a crime in the past ten years (excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court)?				
<input type="checkbox"/> No <input type="checkbox"/> Yes – Explain (conviction will not necessarily disqualify an applicant for employment)				

EDUCATION HISTORY

Circle highest grade completed:	1 2 3 4 5 6 7 8 9 10 11 12	Year Completed:
If you did not complete high school, do you have a high school equivalency diploma? Yes No		Date Received:
Circle number of years of post high school education: 1 2 3 4 5 6 7		

Name & Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

SKILLS & CERTIFICATES

Please list certificates or licenses you hold, or specialized training you have completed which may help qualify you for employment.
Please list any skills you have which may help qualify you for the position applied for.

FORMER EMPLOYERS (List below last three Employers, Starting with last one first)

1	Company Name:	Telephone #
	Address:	Dates Employed: From: To:
	Name and Title of Supervisor:	Salary:
	Job Title and Responsibilities:	Reason for Leaving:
2	Company Name:	Telephone #
	Address:	Dates Employed: From: To:
	Name and Title of Supervisor:	Salary:
	Job Title and Responsibilities:	Reason for Leaving:
3	Company Name:	Telephone #
	Address:	Dates Employed: From: To:
	Name and Title of Supervisor:	Salary:
	Job Title and Responsibilities:	Reason for Leaving:

REFERENCES Give below the Names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	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 referenced 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 _____