



Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date: _____

| | | | |
|---------------------------|-------------|--------------------------|------------|
| | | | |
| Name (Last, First) | | Social Security # | |
| | | | |
| Present Address | City | State | Zip |
| () | | | |
| Phone Number | | Referred By: | |

Employment Desired

| | | |
|---|--|-----------------------|
| | | |
| Position | Date you can start | Salary Desired |
| Are you employed? | If so, may we inquire of your present employer? | |
| Ever applied to this company before? | Where? | When? |

Education History

| | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------|-----------------------------|----------------|-------------------|------------------|
| GRAMMAR | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE AND OR BUSINESS | | | | |

General Information

| | |
|--|--------------|
| U.S. Military or Naval Service | Rank: |
| Subjects of special study/research work or special training/skills: | |
| | |
| Hobbies/Likes/Dis-likes: | |
| | |



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Former Employers (List below last four employers, starting with the last one first)

| Month & Year | Name & Address | Salary | Position | Reason for leaving |
|--------------|----------------|--------|----------|--------------------|
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |

References (Give below the names of three persons not related to you, whom you have know at least one year)

| NAME | ADDRESS | BUSINESS | YEARS KNOWN |
|------|---------|----------|-------------|
| | | | |
| | | | |
| | | | |

| | |
|---|--------------------------------------|
| Do you have a valid Driver's License? | Are you able to lift 50 lbs.? |
| Are you able to pass a drug/background check? | Are you able to stand for 4-6 hours? |
| Are you available for weekday/weekend work? | |
| Do you have your own transportation to and from work? | |

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