



APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____ / _____ / 201_____

SOCIAL SECURITY NUMBER: _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO. (_____) _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU EITHER A CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

Have you ever been employed here before? If yes, give dates and positions: _____

Have you been convicted of a felony within the last five (5) years? YES NO Describe: _____

I understand and agree that I may be required to take one or more:

Physical Examination, and/or

Drug Screen or drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its Directors, Officers, Agents or Employees from any claim arising in connection with the use of such test(s). YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ / _____ / 200_____ SALARY DESIRED \$ _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

CURRENT EMPLOYER: _____ EMPLOYER PHONE #: _____

EVER APPLIED TO THIS COMPANY BEFORE YES NO WHERE? _____ WHEN? _____

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL		YRS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		YRS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		YRS	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		YRS	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Summarize any special skills or qualifications you have that may qualify you for work with our company: _____



THIS APPLICATION WILL REMAIN IN AN ACTIVE STATUS FOR A PERIOD OF THREE (3) MONTHS FROM THE DATE SUBMITTED. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT YOU WILL HAVE TO FILL OUT A NEW APPLICATION.

FORMER EMPLOYERS (LIST BELOW LAST THREE (3) EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE, MONTH, & YEAR	NAME & ADDRESS OF EMPLOYER	ANNUAL SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____		\$ _____		
FROM _____ TO _____		\$ _____		
FROM _____ TO _____		\$ _____		

Explain any gaps in employment: _____

REFERENCES: GIVE THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 3 YEARS

NAME	ADDRESS	BUSINESS	TELEPHONE NO.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I 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 LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application issued for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by Local, State or Federal Law.

This application is current for only ninety (90) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

DATE: _____ SIGNATURE _____

_____/_____/201____ X _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____/_____/201____

HIRED YES NO POSITION: _____ DEPT. _____