

Application for Employment

Pre-Employment Questionnaire
An Equal Opportunity Employer

PERSONAL INFORMATION

			Date
Name (Last Name First)	Social Security No.	Maiden Name	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Are you 18 Years or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Other Phone	

DESIRED EMPLOYMENT

Position	Date you can start	Salary desired
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EDUCATION

School Level	Name & Location of School	Major area of study	Years Attended	Did you graduate?	Degree
High School					
College					
Trade or Business School					

SPECIAL SKILLS OR TRAINING

Please list any special skills, training or certifications you have had that might pertain to this position

FORMER EMPLOYERS

List below the last four employers, starting with the most recent

Name of Present or Last Employer	May we contact?	Start Date	End Date
Address	City	State	Zip
Job Title	Starting Salary	Ending Salary	Phone
Job Duties			Supervisor & Title
Reason for Leaving			

Name of Previous Employer		May we contact?	Start Date	End Date
Address		City	State	Zip
Job Title	Starting Salary	Ending Salary	Phone	
Job Duties			Supervisor & Title	
Reason for Leaving				

Name of Previous Employer		May we contact?	Start Date	End Date
Address		City	State	Zip
Job Title	Starting Salary	Ending Salary	Phone	
Job Duties			Supervisor & Title	
Reason for Leaving				

Name of Previous Employer		May we contact?	Start Date	End Date
Address		City	State	Zip
Job Title	Starting Salary	Ending Salary	Phone	
Job Duties			Supervisor & Title	
Reason for Leaving				

PROFESSIONAL REFERENCES

Below, list the names of three people you are not related to, whom you have known at least one year and can attest to your work ethic and abilities

Name	Phone Number	Business	Years Known

SERVICE RECORD

Branch of Service	Rank	Discharge Date
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Have you been convicted of a felony within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain. (Will not necessarily exclude you from consideration)

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 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."

Applicant Signature Date

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Name (Please Print): _____ Aliases or nicknames: _____

Social Security Number: _____

Drivers' license Number and State: _____

Date of birth: _____

Address: _____

City/State/Zip: _____ Dates at this address: _____

Home Phone: _____

Previous Addresses:

1. Street _____ City/State/Zip: _____

Dates at this address: _____

2. Street _____ City/State/Zip: _____

Dates at this address: _____

* Please list any other residences on the back

Applicant Signature: _____

Date: _____