

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

| PERSONAL INFORMATION | | DATE | |
|------------------------|--|---------------------|----------|
| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
| PRESENT ADDRESS | | CITY | STATE |
| | | | ZIP CODE |
| PERMANENT ADDRESS | | CITY | STATE |
| | | | ZIP CODE |
| PHONE NUMBER | | REFERRED BY | |

| EMPLOYMENT DESIRED | | | |
|--|--|---|--|
| POSITION | | SALARY | |
| ARE YOU EMPLOYED NOW? | | MAY WE INQUIRE OF YOUR PRESENT EMPLOYER | |
| ARE YOU LEGALLY AUTHORISED TO WORK IN USA? | | | |
| DID YOU EVER APPLIED TO THIS COMPANY BEFORE? | | | |
| WHERE & WHEN | | | |

| EDUCATION HISTORY | | | |
|-----------------------------------|----------------|---------|------------------|
| NAME & LOCATION OF SCHOOL/COLLEGE | YEARS ATTENDED | SUBJECT | DID YOU GRADUATE |
| | | | |
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| GENERAL INFORMATION | |
|----------------------|--|
| SPECIAL TRAINING | |
| CERTIFICATES | |
| LICENCE | |
| SKILLS | |
| U.S MILITARY SERVICE | |

| FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST) | | | | |
|---|----------------------------|--------|----------|--------------------|
| DATE, MONTH & YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| REFERENCE | | | |
|-----------|---------|----------|-------------|
| NAME | ADDRESS | BUSINESS | 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 reference 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 | |
|------|--|-----------|--|

DO NOT WRITE BELOW THIS LINE

| | | | |
|----------------|--|------|--|
| INTERVIEWED BY | | DATE | |
|----------------|--|------|--|

| REMARKS |
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|-------------|--|-----------|--|
| NEATNESS | | CHARACTER | |
| PERSONALITY | | ABILITY | |
| HIRED | | POSITION | |
| WILL REPORT | | SALARY | |

| | |
|-----------------------|--|
| APPROVED (President) | |
|-----------------------|--|