



### Application for Employment

Personal Information

Date: \_\_\_/\_\_\_/\_\_\_

Name (last name first): \_\_\_\_\_ Social Security No. - - \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Referred By: \_\_\_\_\_

### Employment Desired

Position Desired: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? Yes No If so may we inquire of your present employer? Yes No

Name & Number: \_\_\_\_\_

Have you ever applied to this company before? Yes No When? \_\_\_\_\_

### Education History

Name & Location	Years Attended	Did you graduate?	Subject Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			



Pre-Employment Questionnaire  
Equal Opportunity Employer

General Information

Subject of special study/research work or special training skills: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Employment History

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

References Give below names of 3 persons not related to you whom you've known at least one year.

Name	Address/Phone Number	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 the application shall be grounds for dismissal.



Pre-Employment Questionnaire  
Equal Opportunity Employer

I authorized investigation of all statements contained herein and the references and employers listed about 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: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

Remarks


Neatness	Character
Personality	Ability

Hired	For Dept.	Position	Will Report	Salary Wages
-------	-----------	----------	-------------	--------------

Approved 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Employment Manager

Department Head

General Manager