



Date: _____

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire/Equal Opportunity Employer
 Note: All applicants must pass a pre-employment drug screen

Personal Information

Name (Last, First, Middle Initial) _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____ Referred By: _____

Driver's License Number _____ Valid (Yes/No) _____ Suspended (Yes/No) Reason? _____

Education History

High School _____ Name & Location of School _____ Years Attended _____ Did you Graduate (Yes/No) _____

College _____ Name & Location of School _____ Years Attended _____ Highest Degree or Certificate Obtained _____

Trade Business of Correspondence School _____ Name & Location of School _____ Years Attended _____ Highest Degree or Certificate Obtained _____

General Information

Subjects of Special/Research Work: _____

Special Training: _____

Armed Services _____

Employment Desired

Position:	Date You Can Start:	Desired Pay:
Are You Currently Employed?	May We Contact Your Current Employer?	Are You Legally Authorized To Work In The U.S.?
Have You Ever Applied Here Before?	When:	Where:

Former Employers (List Below Last Three Employers, Starting With Most Current First)

Date Month & Year	Name, Phone & Address Of Employer	Pay	Position	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

References (Give Below the Names of Three Persons Not Related to You, Whom You Have Known At Least One Year)

Name	Address	Phone No.	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 agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by authorized company representative. This waiver does to 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**-----

Remarks

Neatness		Character		
Personality		Ability		
Hired	Dept	Position	Will Report	Pay

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