

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)		PHONE NO.
PRESENT ADDRESS		
PERMANENT ADDRESS		
SOCIAL SECURITY NO.	REFERRED BY	

S

DESIRED POSITION

TITLE OF POSITION	DESIRED SALARY/WAGE	DATE YOU CAN START
ARE YOU CURRENTLY EMPLOYED?	MAY WE CONTACT YOUR PRESENT EMPLOYER, IF APPLICABLE?	
HAVE YOU EVER APPLIED TO THIS COMPANY AND IF SO, WHEN?		

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EDUCATIONAL BACKGROUND

	SCHOOL NAME & LOCATION	CITY	STATE	GRADUATED? (IF APP.)	SUBJECTS? (IF APP.)
HIGH SCHOOL					
COLLEGE					
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL(S)					

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SPECIAL INTERESTS

U.S. MILITARY OR NAVAL SERVICE	L
SPECIAL SKILLS AND/OR TRAINING	
SPECIAL STUDY OR HOBBIES	

EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER(S)	ENDING SALARY	POSITION HELD	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

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APPLICATION FOR EMPLOYMENT / PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS & PHONE NO.	TYPE OF BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the information I have provided in this application is true and complete to the best of my knowledge **and** I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein **and**, the references **and** employers listed within to give you any and all information concerning my previous employment **and** any pertinent information they may have, personal or otherwise, **and** I release the company from all liability for any damage that may result from use of this 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, 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 medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEWER'S COMMENTS

ABILITIES	HIRE DATE	STARTING SALARY