

**APPLICATION FOR EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME (LAST NAME, FIRST NAME)		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL	REFERRED BY	

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

State Driver's License Number:	State:
List Traffic Tickets and Accidents (date, description)	
Highest Level of Education Completed:	
Special Skills or Training:	
Are you able to lift 60 lbs on a regular basis:	
Conditions which may affect your ability to perform the job:	
Smoker: <input type="checkbox"/>	Non-Smoker: <input type="checkbox"/>

**FORMER EMPLOYERS** (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

Date Month and Year	Name & Phone # of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Email/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 this application shall be grounds for dismissal

I authorize investigation of 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 \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_