



**Application for Employment- Pre Employment Questionnaire
Equal Opportunity Employer**

PERSONAL INFORMATION:

Name

Street Address

City/State/Zip

Phone Number

Are you eligible to work in the United States? Yes No

If you are under age 18, do you have an employment/age certificate? Yes No

Have you been convicted of or pleaded no contest to a felony with the last five years? Yes No

If yes, please explain:

POSITION/AVAILABILITY:

Position Applied For:

Days/Hours Available to work:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Hours Available from to

What date are you available to start work?

EDUCATION HISTORY:

Name and Location of School Years Attended Did you Graduate Subjects Studied

Grammar School

High School

Trade/Business School

College

Please list any special skills, qualifications, licenses, training, awards:

US Military or Naval Service

Rank

EMPLOYMENT HISTORY:

Former Employers (list below last four employers, starting with last one first)

Date		<u>Name & Address of Employer</u>	<u>Salary</u>	<u>Position</u>	<u>Reason for Leaving</u>
<u>Month and Year</u>					
From					
To					
From					
To					
From					
To					
From					
To					

Authorization

"I certify that the facts contained in the 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 references 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 damages 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: