APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION		DATE	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		DATE YOU	CAN START	SALAI	SALARY DESIRED		
ARE YOU EMPLOYED NOW?	YES	NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOY	ER? YES	NO	ARE YOU LEGALLY AUT TO WORK IN THE US?	
EVER APPLIED TO THIS COMPANY BEFC	DRE?	YES	NO WHERE?			WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				an a
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK		
SPECIAL TRAINING		
SPECIAL SKILLS		
U.S. MILITARY OR NAVAL SERVICE	RANK	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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APPLICATION FOR EMPLOYMENT

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

NAME	ADDRESS	BUSINESS	YEAR5 KNOWN
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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 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 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						
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INTERVIEWED BY	······			DATE _			
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APPROVED: 1	ENT MANAGER	_ 2	DEPART	Ment Head		GENERAL M	ANAGER

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