



# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

Name	Date Submitted		
Address	City	State	Zip
Email Address	Phone		
Are you 18 years or older?	If not, can you provide a valid Work Permit, high school diploma, or equivalent?	If hired, can you verify that you have the legal right to work in the United States?	
Do you hold a valid Driver's License?			

## EMPLOYMENT DESIRED

Position Desired	Job Type
Location Desired	
Date You Can Start	Salary Desired
Are there any times during the week that you are not available to work?	If so, please explain
Are you willing to work overtime?	Do you have a reliable means of transportation to get to work?
Do any of your relatives work for this company?	If so, who?
Currently Employed	If yes, can we contact your employer?
Have you ever applied with our company before?	If so, when and what position?
Have you ever been employed with us?	If so, when and which location?
Referred By	

## EDUCATION

Grammar School Name	Years	Graduated	Subject
High School Name	Years	Graduated	Subject
College School Name	Years	Graduated	Subject
Trade, Business or Correspondence School Name	Years	Graduated	Subject

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

## GENERAL

List any special skills, training, or experience which may help you qualify for this job.
What languages do you speak, read, or write fluently?
Have you served in the armed forces?
How did you find out about this job?

## FORMER EMPLOYERS

### Former Employer 1

Start Date	Name	Address	City	State	Zip
End Date					
Phone		Position	Reason Leaving		

### Former Employer 2

Start Date	Name	Address	City	State	Zip
End Date					
Phone		Position	Reason Leaving		

### Former Employer 3

Start Date	Name	Address	City	State	Zip
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End Date				
Phone		Position	Reason Leaving	

## REFERENCES

Reference 1 Name	Phone	Address	Business	Years
Reference 2 Name	Phone	Address	Business	Years
Reference 3 Name	Phone	Address	Business	Years
In Case Of Emergency Notify	Name	Phone	Address	

I agree to notify the company immediately of any traffic violations for which I am charged.	Initials
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I understand that if hired I may not hold other employment, nor engage in other activities that create a conflict of interest with my position with the company unless given permission in writing by the company.	Initials
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I authorize the investigation of all statements contained in this application and any accompanying documentation, if any and further authorize any person, school, current or past employer(s) and organizations named in this application form to provide the company with records, information and opinions that may be useful in making a hiring decision. I release all informants from all liability for damage that may result from furnishing information and opinions which are truthful and made in good faith to you.	Initials
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If I accept employment with the company, I agree to comply with the rules, regulations, policies and procedures of the company.	Initials
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I certify that all information I have provided in the application is complete and true. (Sign)
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I understand that no company representative, other than it's president, and then only when im wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. (Sign)
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