

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

NAME		SOCIAL SECURITY #	
ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE #		CELL PHONE #	
IN CASE OF AN EMERGENCY: NAME, HOME #, CELL #, RELATIONSHIP			
REFERRED BY			

EDUCATION HISTORY

	NAME OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
LICENSES/ CERTIFICATIONS include expiration			

GENERAL INFORMATION

What makes you stand out from the rest? Research work, special training/skills, subjects of special study

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START
PLEASE CHECK ONE OF THE FOLLOWING: HOURLY _____ LIVE-IN _____ EITHER _____	
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____	IF YES, MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES _____ NO _____	IF YES, WHEN?

EMPLOYMENT HISTORY (STARTING WITH THE LAST ONE FIRST)

DATE (MO/YR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION
FROM			
TO			
REASON FOR LEAVING			
FROM			
TO			
REASON FOR LEAVING			
FROM			
TO			
REASON FOR LEAVING			
FROM			
TO			

REFERENCES (PLEASE LIST 3 WORK RELATED REFERENCES. NO FRIENDS/ FAMILY)

NAME	Phone #	Business

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____
IF YES, PLEASE EXPLAIN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I also 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 incur from utilization of such information.

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.

SIGNATURE _____

DATE _____