

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL OPPORTUNITY
EMPLOYER

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY NO: _____
PRESENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ARE YOU 18 YEARS OR OLDER ? YES NO PHONE# _____

DESIRED EMPLOYMENT:

POSITION: _____ DATE YOU CAN START: _____
ARE YOU EMPLOYED NOW? YES NO IF SO MAY WE INQUIRE OF YOUR
PRESENT EMPLOYER? YES NO

FORMER EMPLOYERS:

LIST LAST TWO EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF EMPLOYER: _____
ADDRESS: _____
START DATE: _____ LEAVING DATE: _____
WEEKLY FINAL SALARY \$ _____ MAY WE CONTACT YOUR SUPERVISOR? _____
NAME OF SUPERVISOR: _____
REASON FOR LEAVING: _____
DESCRIPTION OF WORK: _____

NAME OF PREVIOUS EMPLOYER: _____
ADDRESS: _____
START DATE: _____ LEAVING DATE: _____
WEEKLY FINAL SALARY\$ _____ MAY WE CONTACT YOUR SUPERVISOR? _____
NAME OF SUPERVISOR: _____
REASON FOR LEAVING: _____
DESCRIPTION OF WORK: _____

AUTHORIZATION:

" I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE 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 PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM SUCH INFORMATION.

SIGNATURE: _____ DATE: _____