

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION NAME (LAST, FIRST)		PRE EMPLOYMENT QUESTIONNAIRE: EQUAL OPPORTUNITY EMPLOYER SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		APT. NO CITY	STATE ZIP
PHONE #	CELL PHONE #	ARE YOU 18 YEARS OR OLDER YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES <input type="checkbox"/> NO <input type="checkbox"/>
EMAIL		EMERGENCY CONTACT NAME	PHONE

DESIRED EMPLOYMENT POSITION DESIRED		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE CONTACT YOUR EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	EVER APPLIED TO THIS COMPANY BEFORE YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION SCHOOL LEVEL	NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL:				
COLLEGE:				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL	
SUBJECTS OF SPECIAL STUDY/ TRAINING	
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.	
US MILITARY SERVICE	RANK:

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/ NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THEN A MINOR TRAFFIC VIOLATION)	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, EXPLAIN.	
A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES, AND ONLY TO THE EXTENT PERMITTED BY LAW.	

FORMER EMPLOYERS DATE, MONTH & YEAR	NAME AND ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES NAME	ADDRESS	BUSINESS	YEARS KNOWN

\*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 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 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\*

SIGNATURE:	DATE:
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