

# Application for Employment

**Pre-Employment Questionnaire  
Equal Opportunity Employer**

## Personal Information

**Date:**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	E-MAIL		

## Employment Desired

POSITION	DATE YOU CAN START		WAGE/SALARY DESIRED		
ARE YOU EMPLOYED NOW	YES	NO	IF SO, MAY WE ENQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO
HAVE YOU BEEN CONVICTED OF A FELONY?			YES	NO	WHEN

## General Information

SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY SERVICE (BRANCH)	WHEN

## Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY/WAGE	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

## 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 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 damage that may result 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.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE