

Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information:

Date _____

Name: _____

Social Security # _____

Present Address _____

City, State & Zip _____

How long at this address? _____

Phone Number: Home _____

Mobile _____

Education:

High School Attended: _____

City/State _____

Grade Completed _____

Graduate _____ GED _____

College: _____

Major _____ Degree _____

Trade School _____

License Held (Masters, Journeyman, Apprentice) _____ License # _____

Number of Years in the Trade: _____

Employment Desired:

Position: _____

Referred By: _____

Date you can start work: _____

Wage Desired: _____

Are you currently employed? _____

May we contact your previous employer? _____

Do you prefer: Part-time or Full-time? _____

Can you work weekends & evenings? _____

Are you able to travel out of town? _____

Are you willing to work overtime? _____

Are you laid off and subject to recall? _____

Are you bound by a non-compete agreement? _____

Have you ever been asked to resign? _____

Do you have reliable transportation? _____

Do you have a valid driver's license? _____

License # _____

Have you been convicted of or pled guilty to any traffic-related offense within the past five years? _____

Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? _____

Please list all states from which you hold or have held a driver's license. _____

Please list any special skills that may relate to the job that you are applying for:

Employment History: (Most Recent First)

Company Name: _____ Supervisor: _____
Address: _____ City, State & Zip _____
Phone: _____ Position Held _____
Dates: From/To _____ Rate of Pay: _____
Reason for Leaving: _____

Company Name: _____ Supervisor: _____
Address: _____ City, State & Zip _____
Phone: _____ Position Held _____
Dates: From/To _____ Rate of Pay: _____
Reason for Leaving: _____

Company Name: _____ Supervisor: _____
Address: _____ City, State & Zip _____
Phone: _____ Position Held _____
Dates: From/To _____ Rate of Pay: _____
Reason for Leaving: _____

Personal References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

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 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 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: _____