

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone	-----		-----		Social Security No.	-----				
Referred by				Date Available			Desired Salary			
Are you currently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we inquire of your present employer?			YES <input type="checkbox"/> NO <input type="checkbox"/>		Position Applied for? _____		
How did you find out about this position? Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Online Ad <input type="checkbox"/> Walk In <input type="checkbox"/> Other _____										
Are you legally qualified to work in the U.S.?				YES <input type="checkbox"/> NO <input type="checkbox"/>						
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when? _____					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain _____					
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Subjects Studied			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Subject of Special Study or Research?										
Special Training, Certifications, Licenses?										
Special Skills, Foreign languages, Etc.										
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					
Address										

PREVIOUS EMPLOYMENT (LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)										
Company				Phone						
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From			To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone						
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From			To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company				Phone						
Address				Supervisor						
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From			To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				

Military Service					
Branch			From		To
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

Disclaimer and Signature	
<p>I certify that my answers 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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
Signature	Date

VOLUNTARY INFORMATION: Please answer the following questions to assist us in complying with Affirmative Action guideline. You will not be denied employment solely due to answering the following questions.

MEDICAL HISTORY

If You answer "YES" to any of the following questions, please describe the situation below:

Do you have any physical defects?	YES	NO	Have you ever been seriously injured?	YES	NO
Were you ever on Worker's Comp?	YES	NO	Do you have any disabilities?	YES	NO
Have you ever drawn disability?	YES	NO	Have you been hospitalized in the last 5 years?	YES	NO

PHYSICAL ILLNESS/INJURY/DISABILITY

Do You have any of the following:

ARTHRITIS	YES	NO	HERNIA	YES	NO
ASTHMA	YES	NO	HIGH BLOOD PRESSURE	YES	NO
BACK INJURY	YES	NO	TUBERCULOSIS	YES	NO
CANCER	YES	NO	ULCERS	YES	NO
COLOR BLINDNESS	YES	NO	VARICOSE VEINS	YES	NO
CONVULSIONS	YES	NO	POLIO	YES	NO
DERMATITIS	YES	NO	PARKINSON'S DISEASE	YES	NO
MULTIPLE SCLEROSIS	YES	NO	EYE/VISION DISORDER	YES	NO
EAR/HEARING DISORDER	YES	NO	CEREBRAL PALSY	YES	NO

OTHER (Describe):

EXPLANATIONS:

VOLUNTARY INFORMATION: Please answer the following questions to assist us in complying with Affirmative Action guideline. You will not be denied employment solely due to answering the following questions.

Gender:	Male	Race:	American Indian or Alaskan Native
	Female		Asian
Veteran Status:	Veteran		Black or African American
	Non-Veteran		Native Hawaiian or Other Pacific Islander
Ethnic Group:	Hispanic or Latino		White
	Not Hispanic or Latino		

I certify that my answers 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:** _____