APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

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| --- |
| 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 currentlyemployed? YES [ ]  NO [ ]  | If so, may we inquire of your present employer? YES [ ]  NO  | Position Applied for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How did you find out about this position? Employment Agency [ ]  Newspaper Ad [ ]  Friend [ ]  Online Ad [ ]  Walk In [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you legally qualified to work in the U.S.? | YES [ ]  NO [ ]  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |  |
| Education |
| **High School** |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | SubjectsStudied |  |
| **College** |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| **Other** |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Subject of Special Study or Research? |  |
| Special Training, Certifications, Licenses? |  |
| Special Skills, Foreign languages, Etc. |  |
| References |
| Please list three professional references. |
| **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 [ ]  | NO [ ]  |  |
|  |
| 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 [ ]  | NO [ ]  |  |
|  |
| 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 [ ]  | NO [ ]  |  |

|  |
| --- |
| **Military Service** |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
| **Disclaimer and Signature** |
| 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 |  |

***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 |
|  | Female |
| **Veteran Status:** |  | Veteran |
|  | Non-Veteran |
| **Ethnic Group:** |  | Hispanic or Latino |
|  | Not Hispanic or Latino |

|  |
| --- |
| **Race:** |
|  | American Indian or Alaskan Native |
|  | Asian |
|  | Black or African American |
|  | Native Hawaiian or Other Pacific Islander |
|  | White |

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**