## Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

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NAME (LAST NAME FIRS	T)				1						
PRESENT ADDRESS			СІТҮ		STATE	STATE			ZIP CODE		
PERMANENT ADDRESS			CITY		STATE	STATE			ZIP CODE		
PHONE NO. SECONDARY F			PHONE NO.		REFERRE	REFERRED BY					
Employment Des	sired										
POSITION			DATE YOU CAN START			SALARY DESIRED					
ARE YOU EMPLOYED NO	DW? YES	NO	IF SO, MAY WE	INQUIRE OF Y	OUR PRESEN	IT EMPLOYER?		YES	NO		
EVER APPLIED TO THIS COMPANY BEFORE	? YES NO	WHERE				WHEN					
Education Histor	y										
		OCATION OF S	CHOOL	YEARS ATTENDED	DID YOU GRADUATE		SUBJECTS	STUDIED	)		
HIGH SCHOOL											
COLLEGE											
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL											
General Informa	tion										
SUBJECT OF SPECIAL STUDY/RESEARCH WORK	(										
SPECIAL TRAINING											
SPECIAL SKILLS											
U.S. MILITARY OR NAVAL SERVICE			_	RAN	iK		<u> · · · · · · · · · · · · · · · · · ·</u>				
Former Employer	S (LIST BELOW LAST	FOUR EMPLOY	ERS, STARTING	WITH LAST ON	IE FIRST)						
DATE MONTH AND YEAR		DRESS OF EM		SALARY	POSITION	R	EASON FOI	R LEAVING			
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ADDRESS	BUSINESS	YEARS KNOWN
	ADDRESS	ADDRESS BUSINESS

## 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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

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