

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT APPLICATION \* EQUAL OPPORTUNITY EMPLOYER

**Personal Information**

Date: \_\_\_\_\_

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

**Employment Desired**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE? WHEN?

**Education History**

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

**General Information**

SUBJECTS OF SPECIAL STUDY/ RESEARCH, WORK OR SPECIAL TRAINING/SKILLS
U.S. MILITARY OR NAVAL SERVICE <span style="float:right">RANK</span>

**Former Employers (List below your last four employers, starting with the last one first.)**

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

*Continued on next page*

Give below the names of three persons, not related to you, whom you have known at least one year.

NAME	ADDRESS/PHONE	BUSINESS	YEARS KNOWN

**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 in any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is written 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."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

**Remarks**

NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

EMPLOYMENT MANAGER

DEPARTMENT MANAGER

GENERAL MANAGER