

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

| | | | |
|----------------|------------|------|------------------------|
| LAST NAME | FIRST NAME | M.I. | SOCIAL SECURITY NUMBER |
| STREET ADDRESS | | | CELL PHONE |
| CITY | STATE | ZIP | ALTERNATE PHONE |
| REFERRED BY : | | | |

| | | |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------|
| POSITION DESIRED: | DATE YOU CAN START: | WAGE DESIRED: |
| ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHEN? | |

EDUCATION/TRAINING HISTORY

| NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------------|----------------|-------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK, OR SPECIAL TRAINING/SKILLS:

| | |
|--------------------------------|------|
| U.S. MILITARY OR NAVAL SERVICE | RANK |
|--------------------------------|------|

PLEASE CONTINUE ON BACK SIDE

EMPLOYMENT HISTORY: LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH CURRENT/MOST RECENT FIRST.

| DATES EMPLOYED (MONTH/YR) | EMPLOYER NAME AND ADDRESS | WAGE | POSITION | REASON FOR LEAVING |
|---------------------------|---------------------------|------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

REFERENCES: LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | 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 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 _____