



Today's Date: _____

**Pre-Employment Questionnaire
Equal Opportunity Employer**

Personal Information

Name: (Last name first)	SSN
Present Address, City, State, Zip	
Permanent Address	
Phone Number	Referred By

Employment Desired

Position	Date you can start	Salary Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where	

Education History

Name & Location of School	Years Attended	Graduate	Subject
High School			
College			
Trade, Business, or Correspondence School			

General Information

Subjects of special study/research work or	

Employment History

Date Month & Year	Name, Address & Phone	Salary	Position	Reason for Leaving
From:				
To:				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From:				
To:				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
From:				
To:				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Trade References

Name	Address and 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 ground 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 periods 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 of medical information in a manner prohibited by the Americans with Disabilities act (ADA) and other relevant federal and state laws.

Date	Signature
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