



Equal Opportunity Employer Pre-Employment Questionnaire

PERSONAL INFORMATION

DATE \_\_\_\_\_

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

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	WAGE DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHEN?	HOW MANY HOURS ARE YOU LOOKING FOR?
AVAILABILITY: MONDAY _____ THURSDAY _____ SUNDAY _____ TUESDAY _____ FRIDAY _____ OTHER NOTES _____ WEDNESDAY _____ SATURDAY _____		

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	DATES ENLISTED & DISCHARGED AND RANK AT DISCHARGE

**FORMER EMPLOYERS**

DATE MONTH AND YEAR	NAME AND ADDRESS	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM TO					
FROM TO					
FROM TO					

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	PHONE NUMBER	ADDRESS	BUSINESS	YEARS KNOWN

HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUDING NON-FELONY TRAFFIC CHARGES)?  YES  NO  
 IF YES, EXPLAIN NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), DATES OF CONVICTION(S) AND SENTENCE(S) IMPOSED AND/OR TYPES OF REHABILITATION:

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PLEASE USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION YOU FEEL IS NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS FOR THE SPECIFIC POSITION FOR WHICH YOU ARE APPLYING:

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**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."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_