

APPLICATION FOR EMPLOYMENT-PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

NAME (LAST, FIRST)		SOCIAL SECURITY NO. - -	
PRESENT ADDRESS		CITY	STATE ZIP CODE
PERMANENT ADDRESS		CITY	STATE ZIP CODE
PHONE NO. ()	REFERRED BY:		

EMPLOYEMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED (YES) (NO)	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER (YES) (NO)	
EVER APPLIED TO THIS COMPANY BEFORE? (YES) (NO)	WHERE?	WHEN

EDUCATION HISTORY

NAME AND 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	RANK

FORMER EMPLOYERS

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

REFERENCES

NAME	ADDRESS & PHONE NO.	POSITION	YEARS ACQUAINTED

AUTHORIZATION

I certify that the facts contained in the application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in this application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the company without giving me prior notice of such disclosure. In addition, I release the company, and former employers and all references listed above from any claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me and I understand that no such promise of guarantee is binding upon the company unless made in writing.

If I am offered employment I agree to submit a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests and if I am hired a condition of my employment will be that I abide by the company's drug and alcohol policies.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature
