



Employment Application

Pre-Employment Questionnaire

Personal Information		
Last Name	First Name	Middle Initial
Address (Street, City, State, Zip)		
Cell Phone#:	Home Phone#:	

Employment Desired		
Position:	Start Date:	Salary:
Hours/Days available to work		
Weekdays		
Weekends		

Education History			
Name	Location	Years Attended	Did you Graduate?
High School			
College			
Other			

EMPLOYERS (Most Current First)				
If you are currently Employed, May We Contact you Current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Dates: Month/Year	Name / City,State / Phone	Salary	Position/ Responsibilities	Reason For Leaving
From:				
To:				
From:				
To:				
From:				
To:				

BACKGROUND/SECURITY

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been Terminated from a job due to Theft or Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
If You answered "yes" to the above questions please explain:	
Do you have a legal right we work in the United States and will be able to provide documination on being hired? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES (Professional or Character References)

Name	Phone #	Relationship	Years Known

GENERAL INFORMATION

Special Interests/Skills/Training

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 an 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 petinent information they may have, personal or otherwise, and release the company form 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, unelss it is in writing and signed by an authorized comany 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 relevent federal and stare laws.

Signature: _____

Date: _____