



APPLICATION FOR EMPLOYMENT

Pre-employment Questionnaire
Equal Opportunity Employer

PERSONAL INFORMATION

NAME (last name first):		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		REFERRED BY:	

EMPLOYMENT DESIRED

POSITION DESIRED:	DESIRED START DATE:	SALARY DESIRED:
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU PREVIOUSLY APPLIED WITH THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH LOCATION? <input type="checkbox"/> EAST POINT <input type="checkbox"/> EDGEWOOD <input type="checkbox"/> LITTLE 5	WHEN?

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDANCE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
MILITARY			

EMPLOYMENT HISTORY (PLEASE LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH YOUR LAST OR PRESENT EMPLOYER FIRST)

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER OF EMPLOYER	SUPERVISOR'S NAME	SALARY	POSITION HELD	REASON FOR LEAVING
TO:						
FROM:						
TO:						
FROM:						
TO:						
FROM:						
TO:						
FROM:						

AVAILABILITY (PLEASE INDICATE YOUR GENERAL AVAILABILITY BELOW; INDICATE AVAILABILITY WITH A CHECK AND UNAVAILABILITY WITH AN X)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM (9:45 A.M.)							
PM (5 P.M.)							

REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS AND TELEPHONE NUMBER	BUSINESS/ACQUAINTANCE	YEARS KNOWN

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge. Furthermore, I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein, as well as the references and employers listed on this application, to give you any and all information concerning my previous employment and any pertinent information they may have. Additionally, I authorize the utilization of this information.

I also understand and agree that no representative of the company has authority to enter into any agreement or contract for employment for any specified period of time, nor does a representative of the company have authority to make any agreement contrary to the forging, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibitive by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE OF APPLICANT: _____

DATE: _____

****BOTTOM PORTION FOR COMPANY USE****

INTERVIEWED BY: _____

DATE: _____

REMARKS

NEATNESS		PROFESSIONALISM	
PERSONALITY		ABILITY/SKILLS	
HIRED BY:	POSITION:	SALARY/WAGE:	WILL REPORT:

