APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATI	ON					DATE .					
NAME (LAST NAME FIRST)						SOCIAL SECURITY NO.					
PRESENT ADDRESS			CITY			STATE			ZIP CODE		
PERMANENT ADDRESS			CITY			STATE			ZIP CODE		
PHONE NO.			RE	FERRED I	ВҮ		3375				
EMPLOYMENT DESIRE	D					li en	1211				
POSITION		DATE YOU CAN START			SALARY DESIRED						
ARE YOU VES NO IF SO, MAY			WE INQUIRE				ARE YOU LEGALLY AUTHORIZED				
EMPLOYED NOW? YES	NO	OF YOUR PRES	SENT EMPL	.OYER?	YES	NO	TO WORK	IN THE US?	THORIZED	YES	
EVER APPLIED TO THIS COMPANY BEFORE?				WHERE?				WHEN?			
EDUCATION HISTORY											
	NA	ME & LOCATIO	N OF SCH	OOL		YEARS ATTENDED	DIE GRAI	O YOU DUATE?	S	SUBJECTS STUDIED	
HIGH SCHOOL											
COLLEGE											
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL											
GENERAL INFORMATION SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	N										
SPECIAL TRAINING											
SPECIAL SKILLS											
U.S. MILITARY OR NAVAL SERVICE					RA	NK					
FORMER EMPLOYERS	(LIST BELOV	V LAST FOUR EN	/IPLOYERS,	STARTIN	IG WITH LA	ST ONE FIRST)				
DATE MONTH AND YEAR	NAME &	ADDRESS OF E	MPLOYER	R	SALARY	POSI	FION	RE	ASON FOR	LEAVING	
FROM											
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REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR. NAME BUSINESS ADDRESS 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 - DO NOT WRITE BELOW THIS LINE -INTERVIEWED BY _____DATE ____ REMARKS **NEATNESS** CHARACTER PERSONALITY ABILITY HIRED POSITION \//II I SALARY REPORT WAGES

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DEPARTMENT HEAD

GENERAL MANAGER

APPROVED: 1. ___

EMPLOYMENT MANAGER

ensure that this form's use complies with applicable laws, which change from time to time.