

Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)		DoB:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)		
PERMANT ADDRESS (STREET, CITY, STATE, ZIP)		
PHONE NUMBER (AREA CODE)	Ox aa:	
Social Security No.	REFERRED BY:	

EMPLOYMENT DESIRED:

POSITION:		
DATE YOU CAN START:		SALARY DESIRED:
ARE YOU NOW EMPLOYED? Yes No		MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes No		WHEN?
SCHEDULE AVAILABILITY?		

TELL US ABOUT YOUR EDUCATION:

FORMER EMPLOYERS:

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		
FROM:		\$		
TO:		PER:		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME:	ADDRESS:	BUSINESS:	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY: _____
ADDRESS: _____ PHONE: _____

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 my 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:** _____

Class and/or Other Schedule:

**Do you have R.A.M.P or ServSafe _____
certification?**

If yes, date certified: _____

Are you available to work the following?

Homecoming:

Christmas:

Summer:

Fall Semester: