

PERSONAL INFORMATION

APPLICATION FOR EMPLOYMENT- EQUAL OPPORTUNITY EMPLOYMENT QUESTIONNAIRE

NAME FIRST , LAST		SOCIAL SECURITY NUMBER — —	
PRESENT ADDRESS		CITY	
ADDRESS LINE 2 (IF NEEDED)		ZIP	STATE
			MALE / FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
EMAIL		ARE YOU 18 YEARS OR OLDER ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRIMARY PHONE — —	CELL PHONE — —	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE — —	

EDUCATION

	YEARS ATTENDED	DEGREE ATTAINED DID YOU GRADUATE	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SPECIAL SKILLS OR TRAINING

MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	YEARS	RANK
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HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENCE (OTHER THAN A MINOR TRAFFIC VIOLATION) YES NO

IF LISTED YES, PLEASE EXPLAIN _____

A CONVICTION WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES, AND ONLY TO THE EXTENT PERMITTED BY LAW.

PREVIOUS EMPLOYMENT

FROM: / TO:	NAME / CITY	CONTACT NAME	POSITION	SALARY	REASON FOR LEAVING
FROM: / TO:					
FROM: / TO:					

DESIRED EMPLOYMENT

POSITION DESIRED	DATE YOU CAN START — —	DESIRED SALARY
ARE YOU EMPLOYED NOW <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	EVER APPLIED TO THIS COMPANY BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO

REFERENCES

NAME	OCCUPATION / CITY	PHONE	RELATIONSHIP
NAME			
NAME			
NAME			

- 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 SHALL BE GROUNDS FOR DISMISSAL.
 - I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY AND 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 WRITTEN 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 PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT ADA AND OTHER RELEVANT FEDERAL AND STATE LAWS.
 - I ACKNOWLEDGE THAT MY APPLICATION MAY BE SHARED WITH OTHER POTENTIAL EMPLOYERS.

APPLICANT SIGNATURE _____

TODAY'S DATE / /