

Application For Employment

Pre-Employment Questionnaire
Equal Opportunity Employer



Please Complete and FAX to: 303-623-0699

Personal Information

Name (Last Name, First Name)		Social Security No.	
Present Address	City	State	Zip Code
Present Address	City	State	Zip Code
Phone No.	Referred By		

Employment Desired

Position	Date you can start	Salary desired
Are You 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	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

Education History

Name and Location of School	Years Attended	Did you Graduate	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

General Information

Subjects of special study/research work or special training/skills	
U.S Military Or Naval Service	Rank

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Former Employers (List below last four employers, starting with the last one first)

Date, Month and Year	Name & Address Of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give below the names of three persons not related to you, whom you have known for at least one year)

Name	Address	Business	Years Known

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 forgoing, 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 matter prohibited by the Americans with Disabilities Act (ADA) and other relevant federal or state laws."

Signature _____ Date _____

Interviewed By _____ Date _____

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Interviewer Notes Page – Do Not Fill Out

Remarks

Other Information

Neatness		Character		
Personality		Ability		
Hired	For Dept	Position	Will Report	Salary Wages

Approval Signatures

Employment Manager _____

Department Head _____

General Manager _____