



"Gut Rockets & Coldies."

Application for Employment

*Pre-Employment Questionnaire
Equal Opportunity Employer*

Personal Information

Name		Social Security No.	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone No.	Secondary Phone No.	Referred By	

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed Now? <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	Are You Legally Authorized To Work In The U.S.? <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

Date Month and Year	Name & Location of School	Years Attended	Did You Graduate	Subjects Studies
High School				
College				
Trade, Business, Or Correspondence School				

Former Employers (List Below Last Four Employers, Starting With Last One First)

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

Application Continued

References (Give Below The Name Of One Person Not Related To You, Whom You Have Known 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 applications 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 federal and state laws."

_____ Date

_____ Signature

Availability

Specify A.M., P.M., or Open (Can Work Anytime)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Management Remarks

(For Internal Use Only)

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