

PRE-EMPLOYMENT QUESTIONNAIRE

Date: _____

It is the policy and practice of the Company to provide equal opportunity to all employees and applicants. No person shall be discriminated against in any condition or aspect of employment because of race, religion, color, sex, sexual orientation, age, national origin, ancestry, physical or mental disability, medical condition or veteran status. Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. **PLEASE PRINT**, except for your signature on page 3.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

EMPLOYMENT DESIRED

POSITION (S)	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	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT	DATES _____ TO _____

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS

U.S. MILITARY OR NAVAL SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH	RANK
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ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION (S) FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

IF SO, PLEASE EXPLAIN THE ACCOMMODATION NEEDED:

FORMER EMPLOYERS (List last four employers below, starting with the last one first)

MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

IDENTIFY AND EXPLAIN ANY AND ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF ONE MONTH DURING THE PAST TEN YEARS.

IF OFFERED EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, EXPLAIN WHEN, WHERE AND DISPOSITION. (A felony conviction will not necessarily disqualify an applicant from employment)

REFERENCES (Give 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 ALL OF THE FACTS SET FORTH IN THIS APPLICATION OR REPORTED BY ME TO THE COMPANY THROUGH A RESUME, INTERVIEW, OR OTHER MEANS, ARE ENTIRELY TRUE AND CORRECT. ANY OMISSION OR FALSIFICATION OF SUCH FACTS, REGARDLESS OF WHEN DISCOVERED, SHALL BE GROUNDS FOR IMMEDIATE REVOCATION OF ANY OFFER OR, IF I AM HIRED BY THE COMPANY, FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

I HEREBY CONSENT TO AND AUTHORIZE THE COMPANY TO CONDUCT A COMPLETE INVESTIGATION OF MY BACKGROUND, INCLUDING MY EDUCATION, EMPLOYMENT HISTORY, CRIMINAL RECORD, DRIVING AND INSURABILITY RECORD, AND ALL OTHER FACTS SET FORTH IN THIS APPLICATION OR REPORTED BY ME TO THE COMPANY THROUGH A RESUME, INTERVIEW, OR OTHER MEANS. I HEREBY RELEASE AND AGREE TO INDEMNIFY THE COMPANY AND ITS PERSONNEL FROM ALL LIABILITY OF ANY KIND FOR CONDUCTING SUCH AN INVESTIGATION.

DATE: _____

SIGNATURE: _____

**AT WILL AGREEMENT
(Read Carefully)**

I ALSO UNDERSTAND AND AGREE THAT IF I ACCEPT EMPLOYMENT WITH THE COMPANY, MY EMPLOYMENT WILL BE ON AN AT-WILL BASIS. THIS MEANS THAT MY EMPLOYMENT WILL NOT BE GUARANTEED FOR ANY SPECIFIC PERIOD, AND CAN BE TERMINATED AT ANY TIME EITHER BY ME OR THE COMPANY, WITH OR WITHOUT CAUSE OR PRIOR WARNINGS. I UNDERSTAND THAT THIS PART OF THIS EMPLOYMENT APPLICATION IS A LEGALLY BINDING CONTRACT.

THIS AGREEMENT CONCERNING TERMINATION OF EMPLOYMENT WILL AUTOMATICALLY BECOME PART OF ANY OFFER OF EMPLOYMENT MADE TO ME. THIS AGREEMENT ALSO CONSTITUTES THE ENTIRE AGREEMENT BETWEEN ME AND THE COMPANY CONCERNING TERMINATION OF MY EMPLOYMENT. IT SUPERSEDES ALL PRIOR DISCUSSIONS, PROMISES, OR UNDERSTANDINGS, INCLUDING THOSE BASED ON MY RECRUITMENT OR INTERVIEWS, AND IT CAN BE CHANGED ONLY IN A FORMAL WRITTEN CONTRACT BY THE PRESIDENT.

DATE: _____

SIGNATURE: _____

INTERVIEWED BY: _____	DATE: _____
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