# APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

# EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION	DATE				
NAME (LAST NAME FIRST)	SOCIAL SECURITY NO.				
PRESENT ADDRESS	CITY	STATE	ZIP CODE		
PERMANENT ADDRESS	CITY	STATE	ZIP CODE		
PHONE NO. ( )	REFERRED BY	n no einemeine sin hi he di no einemeine beite benismen zinemeinen	Historia and a car tool things in 191, beyolgring ti distri burdarstoriu 19 to dollaritaatio kothodius i		

### **EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
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ARE YOU EMPLOYED? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES NO
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WH	IEN?

## **EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	over DELOW THIS LINE	ITTRW TOP	00	ATENED BY
HIGH SCHOOL				EZRAMBA
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	

### 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
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APR 1998	APPLICATION	FOR EN	<b>APLOYME</b>	ENT CONTINUED ON OTHER SIDE

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

### 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 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	Concerner Brazer
	DATE	
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		CHARACTER			
		ABILITY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES	

APPROVED: 1.		2.		3.		1. 1. 1. 4
	EMPLOYMENT MANAGER		DEPARTMENT HEAD		GENERAL MANAGER	

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