

Application for Employment

Personal Information

Pre-Employment Questionnaire

Equal Opportunity Employer

Last Name	First Name	Social Security #
Address	City	Zip
Phone No.	Referred by:	Are you over 25?

Employment Desired

Position	Date You Can Start	Salary Desired
Are You Employed?	May we Inquire of your Present Employer?	Phone Number
Name of Employer	Name of Supervisor	Address
Have you applied to this Company Before?	Where?	When?

Education

Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied

Employment

Dates of Employment From – To	Name and Address of Employer	Salary	Position	Reason for Leaving

General

Subjects fo Special/Study/Research Work or Special Training Skills/Hobbies
US Military Service Rank

References

Name	Address	Business	Phone	Years Known

Have You Been Convicted of a Felony? Yes ____ No ____

If Yes, Explain

Do You Have a Valid Ohio Driver License? Yes ____ No ____

Have You Ever Been Convicted of a DUI/DWI ? Yes ____ No ____ If Yes, When

Authorization:

I Certify that the facts contained in this application are true to the best of my knowledge and understand tht, 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 emplyment 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.

Date: _____ Signature: _____

Do Not Write Below this Line

Interviewed by:

Date:

Comments:

Date Hired:

Wage:

Position: