



Application For Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)



Personal Information:

				Date:
Name:				SSN: #
Last	First	Middle		
Present Address:				
Street	City	State	Zip Code	
Permanent Address:				
Street	City	State	Zip Code	
Phone No.:	Fax No.:	E-mail:	DOB:	

Are you prevented from lawfully becoming employed in this country because of Visa and / or Immigration status?

Employment Desired:

Position:	Start Date:	Desired Salary:
Are you currently employed?	If so, may we inquire of your present employer?	
Have you applied to this company before?	Where?	When?
Referred By:		

Education:

Highest Level of Education Completed:	Name of School:
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Former Employers:

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

References: Give the names of (3) persons; not related to you; whom you have known for at least one year.

Name	Phone Number	Business	# Years
1.			
2.			
3.			

Emergency Information:

In the event of an emergency, notify:

Name	Address	Home Phone	Business Phone
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*I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

_____ Date _____ Signature _____

**Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.