



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE / EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE:

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY	ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR PRESENT EMPLOYER? <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

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
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 MOST RECENT EMPLOYER FIRST)

DATE (MONTH / YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

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

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS KNOWN

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF OR CHARGED WITH A FELONY OR MISDEMEANOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF CONVICTIONS?
IF "YES" PLEASE EXPLAIN DETAILS IN FULL, INCLUDING DATES, DETAILS OF OFFENSE (S) CHARGED, JURISDICTION, AND DISPOSITION OF CASE:	

**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 from 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 of 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."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


**CHARACTERISTICS**

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	DEPT.	POSITION	SUPERVISOR	SALARY / WAGES

**APPROVED**

MANAGER	DEPARTMENT HEAD
EXECUTIVE CHEF	VP – RESTAURANT OPERATIONS