

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire/Equal Opportunity Employer

It is our policy to consider applications for all positions without regard to race, color, religion, gender, national origin, age, the presence of a non-job related medical condition or handicap, marital or veteran status, or any other legally protected status.

Personal Information

Last Name:

First:

Middle:

Address: _____

City : _____ State: _____ Zip: _____

Township: _____ County: _____ Phone: _____

Email: _____

Over 18: _____

Position applying for: _____

Date available to begin work: _____

Are you legally eligible to work in the U.S.? YES NO

List friends or relatives working here: _____

Education

<u>Education</u>	<u>Name & Location of school</u>	<u>Years Attended</u>	<u>Did you graduate?</u>
High School	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
College/Univ	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
	_____	_____	
	_____	_____	

In addition to your work experience, what other skills, qualifications, or other training would be helpful in considering your application: _____

Work Experience

(If resume is attached, falsification of the resume, is grounds for immediately dismissal)

Employer: _____ Supervisors Name: _____

Address: _____ Dates Employed: _____ to _____

_____ Last pay rate: _____

Phone: _____

Job Responsibilities: _____ Reasons for leaving: _____

We may contact any of the employers listed above as a reference unless you indicate otherwise.

Do Not Contact:

Employer's Name: _____

Reason: _____

Personal References

Name: _____ Phone: _____

Address: _____ Relationship: _____

_____ Years Known: _____

Personal References

Name: _____ Phone: _____

Address: _____ Relationship: _____

_____ Years Known: _____

I understand that the facts contained in this application are true and complete to the best of my knowledge and understand this if employed, falsified statements on this application may be grounds for dismissal.

I authorize investigation of all statements mentioned herein and the references and employers listed above to give you any and all information concerning my employment and any pertinent information they may have, personal or otherwise and release said company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release of any medical information in a manner prohibited by the American with Disabilities Act, HIPPA and other federal and/or state laws.

Signature: _____ Date: _____