

# APPLICATION FOR EMPLOYMENT / PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS & PHONE NO.	TYPE OF BUSINESS	YEARS KNOWN

## AUTHORIZATION

"I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said 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, 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 medically-related information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

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

PLEASE DO NOT WRITE BELOW THIS LINE

### INTERVIEWER'S COMMENTS

ABILITIES	HIRE DATE	BEGIN SALARY / WAGES
	RELEASE DATE	ENDING SALARY / WAGES