

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

Name (Last name, first name)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred by		

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?

Name and Location of School	Years Attended	Graduated	Subjects Studied
Grammar School			
High School			
College			
Trade, Business, or Correspondence School			

GENERAL

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 last one first)

Date Mo. and Year	Name and Address of Employer	Position	Reason for leaving
From To			
From To			
From To			
From To			

(CONTINUED ON OTHER SIDE)

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business and telephone number	Years Known

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 for 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 for 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.

Prior to my employment, I will provide Stuber Land Design with a motor vehicle report at my expense. If extended an offer of employment, I consent to undergo a pre-placement physical, drug test, and lift test by a health professional selected by Stuber Land Design. I understand that any offer of employment is conditioned upon the results of this post-offer examination. I understand that these costs are my responsibility upfront and Stuber Land Design will reimburse me if I am hired.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS:
