Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information				DATE				
NAME (LAST NAME FIRST)				SOCIALSE	CURITY NO.			
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Employment Desired POSITION		DATE YOU	CAN START		SALAR	IY DESIRED		
ARE YOU EMPLOYED NOW?	res No	IF SO, MAY WE	INQUIRE OF Y	OUR PRESEN	IT EMPLOYER?	YES		
EVER APPLIED TO THIS COMPANY BEFORE? YES	NO WHERE	10			WHEN			
Education History								
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SUBJECT OF SPECIAL STUDY/RESEARCH WORK								
SPECIAL TRAINING								
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Authorization				MERCHAND STATE		
I certify that the facts alsified statements on	contained in this app	lication are true and I be grounds for dis	complete to th	e best of my kno	wledge and understand	that, if employed
authorize investigation ormation concerning company from all liabil	my previous employs	ment and any pertir	nent informatio	n they may have	s listed above to give y personal or otherwise	ou any and all tr e, and release th
also understand and specified period of time epresentative.	agree that no repress e, or to make any agr	entative of the comp eement contrary to	any has any au the foregoing, u	thority to enter in unless it is in writi	to any agreement for er ng and signed by an au	mployment for an thorized compan
This waiver does not p Disabilities Act (ADA)	permit the release or and other relevant fe	use of disability-rela deral and state laws	ated or medical	information in a	manner prohibited by th	ne Americans wit
equired, Lunderstand	that, in compliance	with federal law, the tten authorization fr	company will pom me to cons	provide me with a sent to these rep	r to my employment. If written notice regardin orts. I also understand	a the use of thes
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GENERAL MANAGER

DEPARTMENT HEAD

APPROVED:

EMPLOYMENT MANAGER