



S____E____A____A____

Manager's Name _____

APPLICATION OF EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Best Contact # _____ Referred by _____

Email _____

Employment Desired

Position _____ Date you can start _____ Wage Desired _____

Are you presently employed? Yes or No If so, may we contact your present employer? Yes or No

Company _____ Current Position _____

Supervisor _____ Contact # _____

Education History

High School _____ Did you Graduate? Yes or No

College _____

Degree/Area of Study _____ Did you Graduate? Yes or No

Other _____

Degree/Area of Study _____ Did you Graduate? Yes or No

U.S. Military Service

Branch of Service _____ Rank Attained _____

Legal

Are you a U.S. citizen? Yes or No

If no, do you have a legal right & necessary documents to work in the U.S.? Yes or No

Were you ever discharged from any company? Yes or No If yes, company name _____

Reason for discharge _____

Employment History (list below the last three employers, starting with the most recent)

Company _____ Position _____ Salary \$ _____

Address _____ Contact # _____

From _____ to _____ Reason for leaving _____

Company _____ Position _____ Salary \$ _____

Address _____ Contact # _____

From _____ to _____ Reason for leaving _____

Company _____ Position _____ Salary \$ _____

Address _____ Contact # _____

From _____ to _____ Reason for leaving _____

References (provide below the names of three people not related to you, whom you have known at least 2 years)

Name _____ Years known _____ Relationship _____

Address _____ Contact # _____

Name _____ Years known _____ Relationship _____

Address _____ Contact # _____

Name _____ Years known _____ Relationship _____

Address _____ Contact # _____

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 patient 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 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." I also understand that I will need to pass the physical requirements of job listed on the job description provided.

Applicant's Signature _____ Date _____

----- **Manager Notes** -----**1st interview**Date _____ with _____ & _____ Pass for 2nd interview? _____

Notes _____

2nd interview Date _____ with _____ & _____

Notes _____