

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE	
NAME			SOCIAL SECURITY NUMBER		
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
		STREET	CITY	STATE	ZIP
PERMANENT ADDRESS					
		STREET	CITY	STATE	ZIP
PHONE NUMBER		ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>			
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>					

LAST

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

FIRST

EDUCATION	NAME & LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
-----------------------	------	--

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO
------	---------	----------

*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW PREVIOUS EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO	Phone #			
FROM				
TO	Phone #			
FROM				
TO	Phone #			
FROM				
TO	Phone #			

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME/PHONE #	ADDRESS	BUSINESS	YEARS ACQUAINTED
1 _____			
2 _____			
3 _____			

HAVE YOU EVER BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY TO A CRIME IN A CIVIL OR MILITARY COURT, OR HAVE YOU EVER BEEN FINED, PLACE ON PROBATION OR HAVE YOU EVER FORFEITED COLLATERAL FOR BREACH OR VIOLATION OF ANY LAW ORDINANCE OR POLICE OR TRAFFIC REGULATION OR DO YOU NOW HAVE ANY CHARGES PENDING AGAINST YOU?

YES NO

IF YES, LIST SUCH CASES AND IN EACH CASE GIVE (1) DATE, COURT AND LOCATION; (2) THE NATURE OF THE OFFENSE OR VIOLATION; (3) THE PENALTY IMPOSED, IF ANY, OR OTHER DISPOSITION OF THE CASE. A CONVICTION DOES NOT AUTOMATICALLY ELIMINATE YOU FROM PWSD #9 EMPLOYMENT. THE NATURE OF THE CRIME AND THE TYPE OF JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED IN REVIEWING YOUR ANSWERS. APPLICANTS FOR POSITIONS REQUIRING DRIVING AS A PART OF THE JOB WILL BE REQUIRED TO LIST ALL OFFENSES, INCLUDING MINOR TRAFFIC OFFENSES.

PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING AND THE RELEASE OF RESULTS OF THOSE TESTS TO PWSD #9 ARE REQUIRED. EMPLOYEES ARE SUBJECT TO DRUG AND ALCOHOL TESTING AFTER EMPLOYMENT.

I HEREBY AUTHORIZE PWSD #9 AND/OR AGENTS TO MAKE SUCH INVESTIGATIONS AND INQUIRIES INTO MY CHARACTER, EMPLOYMENT RECORD, CRIMINAL HISTORY, MEDICAL HISTORY, AND/OR MATTERS AS MAY BE DEEMED NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE PWSD #9 AND/OR ITS AGENTS FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY ENSUE FROM FURNISHING THE SAME TO PWSD #9.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE _____ SIGNATURE _____