

APPLICATION FOR EMPLOYMENT & PRE-EMPLOYMENT QUESTIONNAIRE

COMPANY NAME _____

DATE _____

NAME		E-MAIL ADDRESS	
PRESENT ADDRESS		CITY	STATE
PERMANENT OR MAILING ADDRESS (IF DIFFERENT)		CITY	STATE
PHONE NUMBER		REFERRED BY	

EMPLOYMENT DESIRED Full Time: Part Time: Other (Temporary/Seasonal/On-Call):

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN?	WERE YOU HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	CIRCLE YEARS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	1 2 3 4		
COLLEGE	1 2 3 4		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	1 2 3 4		

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, RESEARCH, WORK, OR SPECIAL TRAINING OR SKILLS	
PROFESSIONAL LICENSE(S)/CERTIFICATE(S)	
BRANCH OF UNIFORMED SERVICE	RANK, LENGTH OF SERVICE, AND TYPE OF DISCHARGE

Are you over 18 years of age? <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license (if driving is involved in the position)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Can you operate a manual transmission? Yes No

CRIMINAL HISTORY LIST ANY MISDEMEANOR OR FELONY CONVICTIONS, INCLUDING OFFENSE(S), LOCATION AND DATE
 (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.)

FORMER EMPLOYERS LIST YOUR LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER AND SUPERVISOR	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

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

NAME	ADDRESS & TELEPHONE #	BUSINESS / OCCUPATION	YEARS KNOWN

Prior to starting work, are you willing to participate in a drug test, medical exam and background check? Yes No
 (A negative response to this inquiry may consider this application rejected.)

I understand the requirements of this position and acknowledge I am able to perform all job functions with or without reasonable accommodations.
 Applicant's Initials _____

AUTHORIZATION

Please read carefully before signing

I authorize you to make any investigation and to obtain all lawful information which you deem necessary in connection with this application and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is at-will and I 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. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract. I and my potential employer mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved utilizing a two-step Alternate Dispute Resolution (ADR) process as follows:

1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and 2) Failing settlement by mediation, we agree that all claims and disputes including those of jurisdiction or arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, the Dispute Resolution Policy and the Arbitration Rules of Dispute Systems, Inc., or its successor. Any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. In signing this Application, I am expressly waiving any right to trial by jury or judicial appeal.

Signature: _____

Date: _____