



**APPLICATION FOR EMPLOYMENT  
PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

**FAX THIS COMPLETED APPLICATION TO:  
(928)717-9398**

Date \_\_\_\_\_

**Personal Information**

Name (Last Name First)		Social Security Number	
Physical Address (Number and Street)	City	State	Zip Code
Mailing Address	City	State	Zip Code
Phone Number		Alternate Phone Number	
Email Address	Referred By/Ad	In Case of Emergency	

**Employment Desired**

Position Applied For	Date You Can Start	Wage Desired
Are you currently employed?	If so, may we inquire of your present employer?	
Ever applied with this company before?	Where?	When?

**Education History**

Name & Location of School	Years attended	Did you graduate?	Subject of Study
Grammar School			
High School			
College			
Trade, Business or Correspondence			

**Hours Available**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**General Information (list certifications, skills that pertain to position applied for)**

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**Application will not be considered without the following:**

**Former Employers** (List below last four employers, starting with last one first)

Date Month and Years	Name & Address of Employer	Phone Numbers of Employer	Rate of Pay	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					
From					
To					

**References** (Give below the names of three persons NOT related to you, whom you have known at least one year.)

Name	Address	Phone Number	Years Known

**Authorization**

“I certify that the facts contained in the application are true and complete to the best of my knowledge, I understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein, 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 such 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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Name \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ **For Office Use Only** \_\_\_\_\_

**Remarks**

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<b>Interviewed By</b>	<b>Interview Date</b>	<b>Restrictions</b>
<b>Status</b>	<b>Start Date</b>	<b>Wage</b>