## APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE **EQUAL OPPORTUNITY EMPLOYER**

Personal Information			DATE			
NAME (LAST NAME FIRST)			SOCIAL SEC	URITY NO.	···	
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PERMANENT ADDRESS	CITY		STATE		ZIP ÇODE	i
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THIS COMPANY BEFORE?		<u>.                                  </u>				
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GENERAL INFORMATION						
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS						
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U.S. MILITARY OR NAVAL SERVICE		Hi?	INK			
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FORMER EMPLOYERS (LIST BELOW I	LAST FOUR EMPLOYERS, :	STARTING WITH I	LAST ONE FIRST)			
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9661 APR 1998

APPROVED: 1. \_\_\_\_\_\_EMPLOYMENT MANAGER

GENERAL MANAGER

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UTHORIZATION		_			
"I certify that the	e facts contained	In this application a	re true and comp	lete to the best of	my knowledge and
understand that, if	employed, falsific	ed statements on th	is application sha	all be grounds for a	lismissal.
Lauthorize inve	stigation of all sta	tements contained	hordin and the re	ferences and emp	loyers listed above
to give you any an	d all information of	concerning my prev	ious employment	and any pertinent	information they
may have, persona	al or otherwise, a	nd release the com	cany from all liab	ility for any damag	e mai may result
from utilization of s	such information.	no representative o	of the company b	se any authority to	enter into any
acroament for em	nd and agree mai Novment for any :	no representative t specified period of t	ime, or to make :	any agreement co	ntrary to the forego-
ing unless it is in	writing and signed	by an authorized	company represe	ntative.	,
This walver doe	es not permit the i	release or use of d	isability-related o	r medical informati	on in a manner pro-
hibited by the Am	ericans with Disa	bilities Act (ADA) ar	nd other relevant	federal and state la	aws."
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DEPARTMENT HEAD

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