

Pre-Employment Questionnaire
 Equal Opportunity Employer

Personal Information

Last Name		Middle Name		First Name	
Address			City	State	Zip Code
Phone No.		Email:			
Referred By:		Department		Shift	

Employment Desired

Position		Full-time	Part-time	Start Date	Desired Salary
		<input type="checkbox"/>	<input type="checkbox"/>		
Currently Employed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Applied at Empire before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, when?	

Education (Name & Address)

Grammar School	Years attended?	Graduate?
High School	Years attended?	Graduate?
College	Years attended?	Graduate?
Additional Training or Certifications		Date received?

General Information

Areas of Special Interest	
Military Service	Rank

Employment History (List last four employers beginning with most recent)

Date (Mo/Yr) From - To	Employer Name / Address /Phone	Supervisor	May we contact previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Salary	Position	Reason for leaving	
Date (Mo/Yr) From - To	Employer Name / Address /Phone	Supervisor	May we contact previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Salary	Position	Reason for leaving	
Date (Mo/Yr) From - To	Employer Name / Address /Phone	Supervisor	May we contact previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Salary	Position	Reason for leaving	
Date (Mo/Yr) From - To	Employer Name / Address /Phone	Supervisor	May we contact previous employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Salary	Position	Reason for leaving	

References (Provide names & contact information of 3 persons not related to you, that you have known for a year or more)

Name	Address	Business
Phone	Relationship	Years Known
Name	Address	Business
Phone	Relationship	Years Known
Name	Address	Business
Phone	Relationship	Years Know

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 pertinent information they may have, personal or otherwise. I release the company from all liability for any damage that may result from 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.

Date: _____ Signature: _____

Interviewed by: _____ Date: _____

OFFICE USE ONLY - APPLICANT DO NOT WRITE BELOW THIS LINE

Remarks

Hire Date	Position	Department	Shift	Start Date	Salary/Wage

Approved by: _____ Plant Manager _____ Dept. Supervisor _____ Date: _____