

# APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (      )	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <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	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	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	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and 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, and 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 \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

## ACKNOWLEDGMENT

PLEASE READ BEFORE SIGNING.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM OF THE INTERVIEWER BEFORE SIGNING.

In the event of my employment by the Bank of Star City, I will comply with the rules and regulations set forth in the bank's policies and with any other communications transmitted to all employees.

As it processes this application, I understand that the bank will be requesting a credit bureau report that will detail my credit/financial background. I also understand that the bank has the right to investigate the truthfulness of this job application and I hereby consent to this truthfulness investigation. Specifically, I authorize schools and references to release any information they have in their files regarding my background. I understand that as a result of the bank's investigation, an internal bank report will be prepared that includes information as to my character and general reputation. I understand that this report will be kept confidential and will be used by responsible bank personnel to make decisions regarding my employment and that it will be used for no other purpose. I also understand that to protect the confidential nature of two-way-investigation discussions I will not have the right to read this report, but if I so request (within a reasonable time after completing this application), the bank's HR manager will give me a truthful and candid briefing regarding its contents, masking only the names of the individuals talked to during the investigation.

I hereby grant the bank permission to call all references and institutions named on this application, and I authorize them to fully cooperate with the bank. By signing this form, I request that these individuals and institutions give the bank truthful information about my background and I promise that I will take no action against them regarding any matters they discuss with the bank.

I understand that this application becomes the property of the bank, will not be returned to me, and that it will remain active for at least 30 days. If employed, I will be an "at-will" employee, meaning that I can terminate the employment at anytime I wish and the bank can terminate my employment at anytime also.

I hereby acknowledge that I have read the above statement; that I understand it, and I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement of omission in this application might cause application rejection, or could result in the termination of my employment if falsehoods come to be known after my employment begins.

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Signature of Applicant

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Date