

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER



Personal Information

Date:

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY 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	
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 CORRESPOND				

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK			
SPECIAL TRAINING			
SPECIAL SKILLS			
U.S. MILITARY OR NAVEL SERVICE		RANK	

EMPLOYMENT HISTORY

DATE MONTH AND YEAR		NAME & ADDRESS OF EMPLOYER	SALARY	POSTION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

APPLICATION FOR EMPLOYMENT- CONTINUED

Personal Information



Date:

NAME (LAST NAME FIRST)

REFERENCES

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.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE

SIGNATURE

[email_to:humanresources@wrightglobalgraphics.com](mailto:humanresources@wrightglobalgraphics.com)

DO NOT WRITE BELOW THIS LINE

DATE

INTERVIEWED BY

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT	POSTION	WILL REPORT TO	SALARY WAGES
APPROVED				
EMPLOYMENT MGR	DEPT HEAD	GENERAL MGT		