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

 DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **PERSONAL INFORMATION** |
| NAME (LAST NAME FIRST) | SOCIAL SECURITY NO.  |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE # | REFFERED BY |
| **EMPLOYMENT DESIRED** |
| POSITION  | START DATE | DESIRED SALARY |
| ARE YOU CURRENTLY EMPLOYED?  | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? |
| HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN? |
| **EDUCATION HISTORY** |
| SCHOOL NAME & LOCATION | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE/UNIVSERSITY |  |  |  |  |
| VOCATIONAL,BUSINESS, OTHER |  |  |  |  |
| WORK OR SPECIAL TRAININGS/SKILLS |
| U.S. MILITARY OR NAVAL SERVICE | RANK |

# **FORMER EMPLOYERS**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE (MONTH & YEAR) | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| 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 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.”

SIGNITURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**-------------------------------------------------------DO NOT WRITE BELOW THIS LINE ----------------------------------------------**

|  |
| --- |
| **REMARKS** |
|   |
|  |
|  |
|  |
|  |
| HIRED | FOR DEPARTMENT | POSITION | REPORT TO | WAGES |

APPROVAL SIGNITURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wheelabrator is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, national origin, religion, sex (including pregnancy, childbirth, and related medical conditions), disability: physical and mental, sexual orientation, gender identity, gender expression, genetic information or marital status.