



# Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

Personal Information

Date

Name (Last Name First)		Social Security #	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone #	Secondary Phone #	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 Contact Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied To BPPT Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	

Education History

	Name of School	Years Attended	Did You Graduate?	Subjects Studied
High School				
College				

General Information

Special Skills
Are You Playing Or Have You Played A Sport? For How Long?
Do You Have A Food Handler's Certificate?
What Separates You From Other Applicants?

Former Employers (List Most Recent Employment First)

Date Month & Year	Name of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				

**References** (Give Below The Names Of Three Persons Not Related To You, Whom You Have Know At Least One Year)

Name	Years Known	How Do You Know This Reference

**Availability** (Below Please Indicate When You Are Available To Work)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

**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 laws."

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 \_\_\_\_\_

\_\_\_\_\_ Do Not Write Below This Line \_\_\_\_\_

**Remarks**

<p>A =</p> <p>P =</p> <p>E =</p>
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