APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire · An equal opportunity employer

86 Volunteer Blvd, Jackson, TN 38305
(731) 660-5980

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			EMAIL	
PRESENT ADDRESS	APT NO.	CITY	STATE / ZIP	
PERMANENT ADDRESS	APT NO.	CITY	STATE / ZIP	
PREVIOUS ADDRESS IF LESS THAN 3 YEARS	APT NO.	CITY	STATE / ZIP	
PHONE	CELL PHONE	18 YEARS OR OLDER? ☐ YES ☐ NO	AUTHORIZED TO WORK IN THE US? ☐ YES ☐ NO	
EMERGENCY CONTACT	EMERGENCY PHONE			

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?
REASON FOR LEAVING	NAME OF LAST SUPERVISOR AT THIS COMPANY	

HOW DID YOU FIND OUT ABOUT THIS POSITION?

☐ Employment agency ☐ State employment office ☐ Newspaper advertising ☐ College placement
☐ Friend ☐ Walk in ☐ Online ad ☐ Other

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED?	SUBJECTS STUDIED
High school				
College				
Trade, business or correspondence school				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

FORMER EMPLOYERS

Last three employers, starting with the most recent.

PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	WEEKLY STARTING SALARY	WEEKLY LEAVING SALARY
MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

NAME OF EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	WEEKLY STARTING SALARY	WEEKLY LEAVING SALARY
MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PREVIOUS EMPLOYER

NAME OF EMPLOYER		JOB TITLE	
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	WEEKLY STARTING SALARY	WEEKLY LEAVING SALARY
MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

Professional references whom we may contact.

#	NAME	ADDRESS	BUSINESS	PHONE NUMBER
1				
2				
3				
4				

SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ☐ YES ☐ NO	BRANCH OF SERVICE

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)? ☐ YES ☐ NO
IF YES, EXPLAIN

A conviction record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.

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 any disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE

DATE