

# 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                             | <input type="checkbox"/> Certified Technician <input type="checkbox"/> Management <input type="checkbox"/> Service Advisor<br><input type="checkbox"/> Lube & Tire Technician <input type="checkbox"/> Customer Service | DATE YOU CAN START                              | SALARY DESIRED   |
| ARE YOU EMPLOYED?                    | <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 |
|--|----------------|-------------------|------------------|
| GRAMMAR SCHOOL                           |                |                   |                  |
| HIGH SCHOOL                              |                |                   |                  |
| COLLEGE                                  |                |                   |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                |                   |                  |

## GENERAL INFORMATION

|  |      |
|--|------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/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 \_\_\_\_\_

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

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

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|  |

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

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

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