

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	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

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

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.

EMPLOYMENT BACKGROUND CHECK AUTHORIZATION FORM

In consideration of Ottery Brothers, LLC review of my application of employment, I hereby authorize Ottery Brothers, LLC and its designated agents and representatives to obtain a consumer report for employment purposes. I agree that this report may include some or all of the following:

**Criminal Background records; Sex Offender Registry Information;
Address/Personal Identity Verification; Terrorist Database Information; Motor
Vehicle Records**

I authorize all persons and organizations that may have information relevant to this research to disclose such information to its authorized agents. I hereby release Ottery Brothers, LLC, and its authorized vendors, agents, representatives and all persons and organization from all claims and liabilities that may arise from the disclosure of such information.

The records being checked are covered by the Fair Credit Reporting Act. Enclosed with this release form is the "Summary of Your Rights Under The Fair Credit Reporting Act". I hereby certify that I have been presented with the "Summary of Rights Under The Fair Credit Reporting Act".

I understand that before I am denied consideration for future or continued employment based on the investigative results, I will receive a copy of the report and can address or dispute these findings within three business days. Information obtained will remain confidential and be available only to those performing the background investigation or making employment decisions.

Please Print Legibly

Name: _____
 First Middle Last
Current Street Address: _____
City: _____ State: _____ Zip code: _____
Social Security Number: _____
Date of Birth _____
Drivers License #: _____
State of Issuance: _____

I fully understand the purpose and content of this document and authorize background check verification. To the best of my knowledge, this information is correct and up to date. Any misrepresentation, omission, misleading or falsification of facts may be grounds for rejection of employment or discharge after employment.

Applicant Signature: _____ Date: _____