

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire – An Equal Opportunity Employer

Date: _____

PERSONAL INFORMATION

PLEASE PRINT or TYPE

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE

Present Address: _____
STREET APARTMENT NO. CITY STATE ZIP

Permanent Address: _____
STREET CITY STATE ZIP

Are you 18 Years or Older? Yes No Phone No. _____ Email _____

In Case of Emergency Notify: _____
Name Address Phone No.

For purposes of compliance with The Immigration Reform & Control Act, are you legally eligible for employment in the United States? Yes No

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Have you Ever Applied to this Company Before? Yes No When? _____ Ever Worked for this Company Before? Yes No When? _____

Reason For Leaving: _____

Name of Last Supervisor At This Company: _____

Did a staff member refer you? If yes, please list name: _____

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	DEGREE
High School				
Vocational				
College				
College				
Graduate				
Other				
Other				

Area of specialization or major interest: _____

List Professional Licenses and/or Certifications (i.e. RN, LISAC, CPR, EMT):	Type: _____	Number: _____	State Issued: _____	Date Issued: _____	Expiration Date: _____
	Type: _____	Number: _____	State Issued: _____	Date Issued: _____	Expiration Date: _____
	Type: _____	Number: _____	State Issued: _____	Date Issued: _____	Expiration Date: _____

GENERAL

Subjects of Special Study or Research Work: _____

Special Training: _____

Special Skills: _____

MILITARY SERVICE RECORD (A copy of a report of separation from the Armed Services may be required.)

Beginning Date of Service: _____

Branch of Service: _____ Discharge Date / Rank: _____

Present Membership in National Guard or Reserves: _____ Date Obligation Ends: _____

SPECIAL QUESTIONS

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR? Yes No If Yes, Describe: _____

I understand and agree that I may be required to take a physical examination and/or pre-employment drug screen. I agree to consent to take such test(s) at such time as designated by Inflection HR and release Inflection HR, its directors, officers, agents and worksite employers from claim arising in connection with the use of such test(s) Yes No

FORMER EMPLOYERS

Beginning with your current or most recent employer, list below employers going back at least ten (10) Years.
(Attach Additional Pages If Necessary)

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
 Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

Name & Address of Present or Last Employer: _____

Starting Date (Month & Year): _____ Leaving Date (Month & Year): _____ Full Time
 Part Time

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May We Contact Your Supervisor? Yes No

Name & Title of Supervisor: _____ Phone Number: _____

Description of Work: _____

Reason For Leaving: _____

REFERENCES List Below The Names Of At Least Three Persons Not Related To You, Who Are Not Former / Current Supervisors, Whom You Have Known At Least One Year.

Name	Address	Phone No:	Business	Years Acquainted

AUTHORIZATION

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO BOTH INFLECTION HR AND MY ASSIGNED WORKSITE'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY INFLECTION HR. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS CHIEF EXECUTIVE OFFICER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE CHIEF EXECUTIVE OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

I FURTHER AUTHORIZE INFLECTION HR TO CONDUCT A BACKGROUND, REFERENCE, EMPLOYMENT AND/OR EDUCATIONAL VERIFICATION CHECKS PRIOR TO ANY OFFER OF EMPLOYMENT.

DATE: _____ SIGNATURE: _____