

# 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 AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR FORRESPONDENCE SCHOOL			
OTHER			

## GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS	
<hr/> <hr/>	
U S MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				

## REFERENCES

(GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

(CONTINUED ON OTHER SIDE)

**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 understand that my employment is "at will" and may be terminated at any time, with or without cause, and I 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 promise of continued employment or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**MUTUAL ARBITRATION AGREEMENT – IMPORTANT – THIS AFFECTS YOUR RIGHTS**

MUTUAL ARBITRATION AGREEMENT: It is agreed that any controversy, claim or dispute arising out of or relating to this settlement agreement, as well as Employee's application, employment and/or cessation of employment, and the enforcement of this agreement and which is otherwise actionable at law, will be resolved exclusively by final and binding arbitration before a neutral Arbitrator under the laws of the State of California administered by ADR Services, Inc. pursuant to its ADR Services, Inc. Arbitration Rules in effect at the time the Agreement is signed which can be accessed via <https://www.adrservices.com/services/arbitration-rules/>. A copy of such rules can also be provided upon request. The Arbitrator, and not any federal, state, or local court or agency, shall have the exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, or formation of this Agreement, including, but not limited to, any claim that all or any part of this Agreement is void or voidable. If any court of competent jurisdiction finds any part of this Arbitration Agreement is illegal, invalid or unenforceable, such a finding will not affect the legality, validity or enforceability of the remaining parts of the Agreement, and the illegal, invalid or unenforceable part will be stricken from the agreement. This agreement is negotiable, is not required as a condition of employment, and Employee is free to seek the advice of an attorney before signing. This is a mutual agreement and is binding for claims of either party. For example, such claims include claims under Federal, State, and Local statutory or common law, including, but not limited to, wage and overtime claims under the California Labor Code or Federal Fair Labor Standards Act, claims under the California Fair Employment and Housing Act (Gov. Code § 12940, et seq.), the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, the law of contract and the law of tort. This agreement shall not restrict any discovery rights or any remedy, including punitive damages or injunctive relief, as provided under California or federal law. Further, judgment upon the award rendered by the arbitrator or arbitrators must be in writing and may be entered in any court having jurisdiction thereof. The arbitrator shall not have the power to commit errors of law or legal reasoning, and the award may be vacated or corrected on appeal to a court of competent jurisdiction for any such error. Arbitration shall be conducted within the county where Employee was employed within the state of California, or such other place as may be mutually agreed upon by the parties. All fees shall be born by the employer; however, employee is required to pay reasonable filing and administrative costs. Moreover, consistent with applicable law, the arbitrator shall be entitled to award reasonable attorney's fees to the prevailing party. **Unless controlling authority requires otherwise, there shall be no right or authority for any dispute to be heard or arbitrated on a class action, representative or collective action basis. Applicant agrees that this Waiver of Class, Collective or Representative Action applies to all claims of Applicant including claims arising prior to the date of this Agreement.** The arbitrator may not consolidate more than one person's claims.

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 DEPT. HEAD GENERAL MANAGER