



Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information

Name(Last, First)			Social Security #		
Present Address		City	State	Zip Code	
Permanent Address		City	State	Zip Code	
Phone Number		Referred By			

Employment Desired

Position		Date you can start	Desired Salary
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied to DM Figley Inc before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so when and where?	

Education History

	Name of School	Years Attended	Graduated?	Subjects
High School				
College				
Other:				
Other:				
Other:				

General Information

Special Skills/Training	
U.S. Military or Naval Service?	Rank

Employment History

Dates	Name and address/location of Employer	Position	Reason for Leaving



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References

Name	Address	Business	Years known

Comments and Other Information:

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: