

Application For Employment

Pre-Employment Questionnaire EQUAL OPPORTUNITY EMPLOYER

Please Print

Date _____

Last Name	First Name	Middle Initial	Social Security Number	
Present Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Home Telephone Number		Cell Phone Number	Pager Number	
Position		Date You Can Start	Salary Desired	
Ever applied here before?		Are you currently employed?	If so, may we inquire of your present employer?	
High School	Location	Years Attended	Did you Graduate?	
College	Location	Years Attended	Did you Graduate?	
Trade, Business Correspondence School	Location	Years Attended	Did you Graduate?	
Subjects Of Special Study/Research Work Or Special Training/Skills				
U.S. Military or Naval Service			Rank	
FORMER EMPLOYERS (List Last 4 Employers, Starting With Last One First)				
Date (Month & Year)	Name And Address	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References

Name	Address	Business
1		
2		
3		
How did you hear of Concord EMS?		
WHO REFERRED YOU? _____		

AUTHORIZATION

I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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.

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.

DATE _____

SIGNATURE _____

Do Not Write Below This Line

Remarks:
