

APPLICATION FOR REGISTRATION

PRE-REGISTRATION QUESTIONNAIRE

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO	Are you 18 years of age or older? <input type="radio"/> Yes <input type="radio"/> No	DRIVER'S LICENSE (if position applied for requires driving)	
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No If yes, explain (NOTE: a conviction may be relevant if job related, but does not necessarily bar you from employment.)		Are you legally eligible to work in this country? <input type="radio"/> Yes <input type="radio"/> No	

DESIRED POSITION, WORK AVAILABILITY, SALARY RANGE

POSITION DESIRED	DATE YOU ARE AVAILABLE TO BEGIN AN ASSIGNMENT	SALARY RANGE DESIRED
LIMITATIONS: (PET RESTRICTIONS, LANGUAGE BARRIERS, DISTANCE REQUIREMENTS)		
OTHER INFORMATION YOU MAY WISH TO PROVIDE US TO BETTER MATCH YOU WITH A CLIENT:		

EDUCATION HISTORY (or attach resume)

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR SCHOOL			

FORMER EMPLOYERS (minimum FIVE years work experience documented) (or attach resume)

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

Professional REFERENCES THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN IN WORKING CAPACITY AT LEAST ONE YEAR.

NAME	ADDRESS	NAME OF 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."

[Redacted Signature Area]

SIGNATURE

[Redacted Date Area]

DATE

Interview

Positive Traits / Skills / Experience:

Negative Traits / Skills / Experience:

Interviewed by: _____

Date: _____