



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

DATE:

NAME (LAST, NAME FIRST):		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS:	CITY:	STATE:	ZIP:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP:
PHONE NUMBER:	Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)		

EMPLOYMENT DESIRED:

POSITION:	DATE YOU CAN START:
ARE YOU EMPLOYED? (YES OR NO):	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? (YES OR NO):
EVER APPLIED TO THIS ORGANIZATION BEFORE? (YES OR NO):	IF YES, WHEN:
REFERRED BY:	PHONE NUMBER:

EDUCATION HISTORY:

HIGH SCHOOL:	NAME/ADDRESS:	YEARS ATTENDED:	GRADUATED:
COLLEGE:	NAME/ADDRESS:	YEARS ATTENDED:	GRADUATED:
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	NAME/ADDRESS:	YEARS ATTENDED:	GRADUATED:

GENERAL INFORMATION: Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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

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

REFERENCES: GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME:	ADDRESS:	BUSINESS:	YEARS KNOWN:

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize Native Daughters of the Golden West to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the organization any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Organization, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Organization. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Organization, and that no promises or representations contrary to the foregoing are binding on the organization unless made in writing and signed by me and the Organization's designated representative.

Initials In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Organization will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

DATE:

SIGNATURE:

=====DO NOT WRITE BELOW THIS LINE=====

INTERVIEWED BY:

DATE:

REMARKS:

ABILITY TEST:

DRUG TEST:

HIRE DATE:

POSITION:

MEDICAL CLEARANCE:

START DATE:

WAGES: