



**APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

DATE

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	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 CONTACT 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?

NAMES AND LOCATIONS OF SCHOOLS	YEARS	GRADUATED	SUBJECTS STUDIED
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY SERVICE	RANK

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATES	NAME AND ADDRESS OF EMPLOYER	PHONE	SALARY	POSITION(S)
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES

DO NOT INCLUDE FAMILY MEMBERS OR PAST SUPERVISORS

NAME	ADDRESS/PHONE	RELATIONSHIP	# 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 HERIN 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. ”

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

THIS APPLICATION FOR EMPLOYMENT IS AVAILABLE ONLY FOR GENERAL USE THROUGHOUT THE UNITED STATES. ARKANSAS ORTHODONTICS ASSUMES NO RESPONSIBILITY AND HEREBY DISCLAIMS ANY LIABILITY FOR THE INCLUSION IN THIS FORM OF ANY QUESTIONS OR REQUESTS FOR INFORMATION UPON WHICH A VIOLATION OF LOCAL, STATE AND/OR FEDERAL LAW MAY BE BASED. IT IS THE USER S' RESPONSIBILITY TO ENSURE THAT THIS FORM S' USE COMPLIES WITH APPLICABLES LAWS, WHICH CHANGE FROM TIME TO TIME.