



Application For Employment

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information:

Name: (Last, First)

Date: _____

Social Security No: _____

Present Address: _____

City: _____

State: _____

Zip Code: _____

Permanent Address: _____

City: _____

State: _____

Zip Code: _____

Phone No: _____

Referred by: _____

Employment Desired:

Position: _____

Date you can start: _____

Salary Desired: _____

Are you employed?

Yes No

If so, may we inquire of your present employer?

Yes No

Ever Applied CSB Before?

Yes No

Where? _____

When? _____

Education History:

Name and Location of School:

Years Attended: _____

Did you Graduate: _____

Subjects Studied: _____

Grammar School: _____

High School: _____

College: _____

Trade Business or Correspondence School: _____

General Information:

Subjects of special study/research work or special training/skills: _____

U.S. Military or Naval Service: _____

Rank: _____

Former Employers: (List below last four employers, starting with last one first)

| Date Month And Year | Name and Address of Employer | Salary | Position | Reason for Leaving |
|------------------------|---------------------------------|--------|----------|--------------------|
|------------------------|---------------------------------|--------|----------|--------------------|

| | | | | |
|--------------|--|--|--|--|
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |
| From: To: | | | | |

References: (Give below the names of three persons not related to you, whom you have known at least one year)

| Name: | Address: | Business: | Years known: |
|-------|----------|-----------|--------------|
|-------|----------|-----------|--------------|

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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 an 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: _____