



# Application for Employment

Pre-Employment Questionnaire

### Personal Information:

NAME (LAST NAME FIRST)		APPLICATION DATE (MM/DD/YYYY)	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ( )	REFERRED BY		

### Employment Desired:

POSITION	DATE AVAILABLE TO START WORK	REQUESTED WAGE RATE
ARE YOU CURRENTLY EMPLOYED? [ ] YES [ ] NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? [ ] YES [ ] NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? [ ] YES [ ] NO	IF SO, WHERE?	IF SO, WHEN?

### Education History:

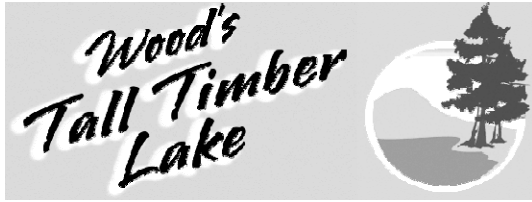
NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL			

### General Information:

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

### Former Employers: (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH, & YEAR	NAME & ADDRESS OF EMPLOYER	WAGE RATE	JOB POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				



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**References:** PLEASE LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**What skills, experiences, & abilities can you bring to Wood's Tall Timber Lake Resort as an Employee?** PLEASE WRITE YOUR RESPONSE IN THE FORM BELOW:


**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."

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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

**Interviewer's Remarks**

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPARTMENT	POSITION	WILL REPORT	WAGES

**Approval Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_