

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF 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?		

## EDUCATION HISTORY

NAME & 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

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

# REFERENCES

NAME	ADDRESS	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."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

# REMARKS


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

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is sold only for general use throughout the United States. Adams 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 applicable laws, which change from time to time.

SPECIAL PURPOSE QUESTIONS

Have you ever been convicted of a felony or misdemeanor within the past 15 years      Yes \_\_\_\_\_      No \_\_\_\_\_

DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold a valid Wisconsin Drivers?      Yes \_\_\_\_\_

License Number \_\_\_\_\_

List all traffic violations for the past 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT / BACKGROUND INQUIRY RELEASE

The Royal Chimney Sweep, Inc.

In connection with my application for employment (including contract for service) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, worker's compensation and other reports. These reports will include information on experience along with reasons for termination of employment from my previous employers if such termination ever occurred. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information and release DataFacts and/or any of their licensed agents. This authorization and consent shall be valid in original, Fax or copy form. I understand to aid in proper identification of my file or records the following information, as well as other information, is necessary.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT ALL INFORMATION.

Name \_\_\_\_\_ Position applied for \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_ State \_\_\_\_\_

Address, Past ( 5 ) Years:

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zipcode \_\_\_\_\_ Telephone \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zipcode \_\_\_\_\_ Telephone \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Previous \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zipcode \_\_\_\_\_ Telephone \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

DataFacts (414) 529-8440 Fax (414) 529-8441