

# APPLICATION FOR EMPLOYMENT

CIC CLIENT (REQUESTOR):

## PRE-EMPLOYMENT QUESTIONNAIRE (AN EQUAL OPPORTUNITY EMPLOYER)

### PERSONAL INFORMATION

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

NAME: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS: \_\_\_\_\_  
NO./ STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ IF SO, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

### EDUCATION

	<u>NAME &amp; LOCATION OF SCHOOL</u>	<u>*NO OF YRS ATTENDED</u>	<u>*DID YOU GRADUATE?</u>	<u>SUBJECTS STUDIED</u>
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

### GENERAL INFORMATION

SPECIAL SKILLS: \_\_\_\_\_

U.S. MILITARY SERVICE: \_\_\_\_\_ BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE PAST 7 YEARS? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_

You will not be denied employment solely because of a conviction record *if disclosed*, however, the nature of the conviction will dictate whether a job offer is appropriate.

**FORMER EMPLOYERS** (List below last three employers, starting with last one first.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	MONTHLY SALARY	POSITION
FROM: _____	_____	_____	_____	_____
TO: _____	_____	REASON FOR LEAVING: _____		
FROM: _____	_____	_____	_____	_____
TO: _____	_____	REASON FOR LEAVING: _____		
FROM: _____	_____	_____	_____	_____
TO: _____	_____	REASON FOR LEAVING: _____		

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

	NAME	ADDRESS	PHONE NO.	RELATIONSHIP TO APPLICANT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

NAME	ADDRESS	PHONE NO.
_____	_____	_____

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 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 all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

The undersigned authorizes Credit Information Corporation, referred to as CIC, to obtain my credit bureau report for employment purposes. The undersigned further understands that CIC cannot be an insurer of the accuracy of the aforementioned information and also understands and agrees that the accuracy of any information is not guaranteed by CIC. Therefore, the undersigned agrees to indemnify and hold harmless CIC from and against any liability, injury, expense or damage including attorney's fees and costs arising out of or resulting from the publication or disclosure on any information by CIC to the receiving firm, and from any disclosure or republication of said information by the receiving firm to any other persons, firms or corporations.

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

Please print and sign the application and return with any additional documentation that will expedite your application process to [Bev@tenantscreeningonline.com](mailto:Bev@tenantscreeningonline.com) or fax to 888-242-5242.