

NEHEMIAH PROJECT APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

Name (Last, First, MI)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No. ()	Referred By		

EMPLOYMENT DESIRED

Position(s) Desired	Date You Can Start	Salary Desired
Are You Employed?	If so, may we inquire of your present employer?	
Ever applied to this company before?	Where?	When?
Can you provide required proof of your eligibility to work?	Full Time Part Time Temporary	1st 2nd 3rd Shift Mornings Afternoons Evenings

EDUCATION HISTORY

Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
Undergraduate College			
Graduate/Professional			
Trade, Business, or Other			

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 the most recent first)*

Date Month and Year	Name, Address and Telephone No. Of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

Application For Employment

Continued on other side

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

ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE

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 of medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

DATE _____ SIGNATURE _____

INTERVIEWD 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 Dept. Head General Manage

Mail to/Drop-off at: The Nehemiah Project Inc., 2506 W. Vliet St., Milwaukee, WI 53206