

ATLTC
APPLICATION FOR EMPLOYMENT

Please do not leave blank spaces on application

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (Please Print Clearly)

NAME (Last)	(First)	(Middle-if applicable)	*SOCIAL SECURITY NO. _____		
PRESENT ADDRESS					
APT. NO.		CITY	STATE	ZIP	
PERMANENT ADDRESS					
APT. NO.		CITY	STATE	ZIP	
ARE YOU 18 YEARS OF AGE OR OLDER?			PHONE NUMBER:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		Email Address: (If applicable)			
* REQUIRED FOR BACKGROUND CHECK: * Date of Birth: _____					

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		
<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		<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
REASON FOR LEAVING:		
NAME OF LAST SUPERVISOR AT THIS COMPANY:		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> OTHER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School			
High School				
College				
Trade, Business or				

Correspondence

School

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

FORMER EMPLOYERS LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER:

ADDRESS: CITY: STATE: ZIP:

STARTING DATE: LEAVING DATE: JOB TITLE:

WEEKLY STARTING SALARY: WEEKLY FINAL SALARY:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR: TITLE: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

FORMER EMPLOYERS LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER:

ADDRESS: CITY: STATE: ZIP:

STARTING DATE: LEAVING DATE: JOB TITLE:

WEEKLY STARTING SALARY: WEEKLY FINAL SALARY:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR: TITLE: PHONE:

DESCRIPTION OF WORK:

REASON FOR LEAVING:

FORMER EMPLOYERS LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER:

ADDRESS: CITY: STATE: ZIP:

STARTING DATE: LEAVING DATE: JOB TITLE:

WEEKLY STARTING SALARY: WEEKLY FINAL SALARY:

MAY WE CONTACT YOUR SUPERVISOR? YES NO

NAME OF SUPERVISOR: TITLE: PHONE:

DESCRIPTION OF WORK:
REASON FOR LEAVING:

REFERENCES: BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED

SERVICE RECORD:	DISCHARGE DATE & RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Record subject to be checked)
Driver's license number _____ State of Issue _____ Expiration Date _____
Have you had any accidents during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____
Have you had any moving violations during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO How many _____
DPS Audit Number _____

AUTHORIZATION

I CERTIFY THAT THE FACT CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 AND 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

