

# PremiereScan, P.C. Application for Employment

Pre-Employment Questionnaire

Equal Opportunity Employer

## PERSONAL INFORMATION

NAME	S.S. #	-	-	
PRESENT ADDRESS				
HOME PHONE (    )		-	ALTERNATE PHONE (    )	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	/	/	
	MONTH	DAY	YEAR	
SALARY DESIRED (PLEASE DO NOT PUT "OPEN" OR "NEGOTIABLE") \$				
				PER HOUR
ARE YOU EMPLOYED?	<input type="radio"/> YES	IF SO MAY WE INQUIRE	<input type="radio"/> YES	
	<input type="radio"/> NO	OF YOUR PRESENT EMPLOYER?	<input type="radio"/> NO	

## EDUCATION HISTORY (PLEASE ONLY FILL OUT WHAT IS NOT ON YOUR RESUME)

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

## FORMER EMPLOYERS (PLEASE ONLY FILL OUT WHAT IS NOT ON YOUR RESUME)

	NAME, CITY AND STATE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

Rev. 1/22/05

## REFERENCES (PLEASE ONLY FILL OUT WHAT IS NOT ON YOUR RESUME)

NAME	PHONE NUMBER	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.

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**

**REMARKS**


HIRED	POSITION	DEPARTMENT
START DATE	SALARY	