

**LACLEDE COUNTY DEVELOPMENTAL TRAINING CENTER
APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)**

Personal Information **Date:** _____

Name: _____ SS#: _____
Last First Middle

Address: _____
Street City State/Zip

Phone Numbers: _____
Home Cell

Are you over 18? _____ US Citizen or legal Alien authorized to work in the US? _____

EMPLOYMENT DESIRED

Position: _____ Start Date: _____ Desired rate of pay: _____

Are you employed now? _____ May we inquire of your present employer? _____

Ever applied to this company before? _____ Where _____ When _____

Referred by: _____

EDUCATION

Name /Location of School	No of years attended	Graduate	Subjects Studied
--------------------------	----------------------	----------	------------------

Elementary School

High School

College

Trade/Business/Correspondence School

GENERAL

Subjects of Special Study or Research work _____

Special Skills _____

Military Service _____ Rank _____ Status _____

Activities: (Civic, Athletic, etc.) _____
(Exclude organizations that indicate a name that includes race, creed, sex, age, martial status, color or national origin)

EMPLOYMENT RECORD (List last three employers starting with the last one first)

Date (Mo/Yr) Name & Address of Employer Salary Position Reason for leaving

From _____

To _____

From _____

To _____

From _____

To _____

Which job did you like best and why: _____

REFERENCES Provide three people not related to you, whom you have known at least 1 year.

Name Address Phone # Business Yrs. Acquainted

In case of emergency notify:

Name Address Phone

“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 any and all information concerning my previous employment and any pertinent information they may have, and release all parties from 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 and without cause.”

Signature _____ Date _____