



**Anderson  
Performance  
Printing, Inc.**

654 W. Spring St. • Cookeville, TN 38501

Ph: 931.528.1561 • Fx: 931.528.2304

info@appisolutions.com • www.appisolutions.com

## APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

Date: \_\_\_\_\_

### PERSONAL INFORMATION

NAME (LAST MIDDLE FIRST) \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
PHONE NO. SECONDARY PHONE NO. REFERRED BY \_\_\_\_\_

### EMPLOYMENT DESIRED

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

ARE YOU EMPLOYED?  YES  NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO

EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO WHEN? \_\_\_\_\_

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED Ex: 19XX-20XX	Graduate? Yes or Remaining	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE			

### GENERAL INFORMATION (INCLUDE SPECIAL SKILLS, STUDYS, RESEARCH, TRAINING, AND MILITARY HISTORY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE: 00/00	NAME, ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

**CONTINUE ON OTHER SIDE**

**REFERENCES** (Give below the names of at least three persons not related to you, whom you have known For at least one year. Use two lines per if needed)

NAME	PHONE NO. & ADDRESS	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 \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**


INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

ABILITY		CHARACTER		
PERSONALITY		NEATNESS		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
                    EMPLOYMENT MANAGER                      DEPARTMENT HEAD                      GENERAL MANAGER

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