



**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	GRADUATE?	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 THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	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 _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

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

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

This application for employment is for general use. Anderson Performance Printing assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state, and/or federal law may be based.