

APPLICATION FOR EMPLOYMENT



PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER (Support & Administrative Staff only)

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	EMAIL		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <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	
EVER APPLIED TO GLENMONT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	

EDUCATION

NAME AND LOCATION OF SCHOOL	# of YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR OTHER SCHOOL			

GENERAL INFORMATION

PLEASE LIST ANY SPECIAL SKILLS OR QUALITIES YOU HAVE THAT SHOULD BE CONSIDERED	
MILITARY OR NAVAL SERVICE	FINAL RANK

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	PHONE NO.	POSITION & SALARY	REASON FOR LEAVING

REFERENCES (LIST THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

NAME	PHONE NO.	EMAIL	BUSINESS	YEARS KNOWN

AUTHORIZATION:

“I certify that the facts on 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 Glenmont 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.”

SIGNATURE: _____ **DATE:** _____