

APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ SOCIAL SECURITY NO.: _____
LAST FIRST MI

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO.:(_____) _____ ARE YOU 18 YEARS OR OLDER: YES ___ NO ___

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES: YES ___ NO ___

DO YOU HAVE A VALID DRIVER'S LICENSE : YES ___ NO ___ DRIVER'S LICENSE NO: _____

EMPLOYMENT DESIRED

POSITION: _____ START DATE: _____ DESIRED SALARY: _____

- ARE YOU EMPLOYED NOW? YES ___ NO ___
- IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? : YES ___ NO ___
- ARE YOU LAID-OFF AND SUBJECT TO RECALL: YES ___ NO ___
- CAN YOU PERFORM ALL OF THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION? ** YES ___ NO ___
**The need for an accommodation does not necessarily bar employment. A determination will be made as to the effectiveness with which the accommodation will allow you to perform the essential functions of the positions and the hardship it would impose on the employer.
- HAVE YOU EVER APPLIED TO THIS COMPANY? YES ___ NO ___ IF SO, WHEN? _____
- REFERRED BY: _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. YEARS	DEGREE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

U.S. MILITARY OR NAVAL SERVICE: YES ___ NO ___ RANK: _____

FORMER EMPLOYERS (List below last three Employers, starting with most recent)

DATE (MONTH/YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

- **MAY WE CONTACT THE EMPLOYEES LISTED ABOVE? YES ____ NO ____**
- **IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT: _____**

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS	PHONE
1.		
2.		
3.		

IN CASE OF EMERGENCY NOTIFY: _____
NAME ADDRESS PHONE

AUTHORIZATION AND UNDERSTANDING

I certify that information given in this application and related documentation is true and complete without qualification. I understand that Nowak & Fraus, PLLC may investigate my work and personal history and verify all data given on this application, on related papers and in interviews, and I authorize Nowak & Fraus, PLLC to do the same. This inquiry may include information as to my character, general reputation and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools and employers named except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that Nowak & Fraus, PLLC is entitled to rely on the representations made by me in the hiring process, and therefore I understand and acknowledge that any misrepresentation or omission of fact by me can result in immediate discharge if deemed appropriate by Nowak & Fraus, PLLC.

I also understand and acknowledge that, if hired, my employment and compensation will be at the will of Nowak & Fraus, PLLC and can be terminated, with or without cause, and with or without notice, at any time at the option of either Nowak & Fraus, PLLC or myself, and if assigned to work for a Nowak & Fraus, PLLC account, at the option of the client. I further understand and agree that no manager, representative, agent or employee of Nowak & Fraus, PLLC, other than its president, has now or has in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the above-described employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the President of Nowak & Fraus, PLLC in order for it to be effective.

I further understand and acknowledge that, as a part of the hiring process and throughout my employment, if hired, I may be required to submit to medical/physical examinations (which may include tests for drugs and/or alcohol) at Nowak & Fraus, PLLC (and/or any clients) discretion and expense. I understand that I will not be required to undergo a medical examination (other than drug/alcohol testing) prior to an offer of employment with the Company.

I agree that any claims arising out of my employment or termination of employment with Nowak & Fraus, PLLC must be brought within 180 days of the event giving rise to the claims or be forever barred. I hereby waive any limitation periods to the contrary.

Applicant's Signature

Dated