



# THESCHOLARTREE™

## Application for Employment / Pre-Employment Questionnaire Equal Opportunity Employer

### PERSONAL INFORMATION

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

Name (Last, First Middle)		SSN:	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone No.		Referred By:	

### Employment Desired

Position	Date you can Start	Salary Desired
Are you Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

### Education History

Name & Location of School	Years Attended	Did you Graduate	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			



# THESCHOLARTREE™

**References (work and personal, no family members)**

Name	Address	Business	Years Known

**Former Employers (List below last four employers starting with last one first)**

Date: Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
<b>From</b>				
<b>To</b>				
<b>From</b>				
<b>To</b>				
<b>From</b>				
<b>To</b>				
<b>From</b>				
<b>To</b>				

**What experience do you have with children?  
 What attracted you to apply for the position?  
 What hours and days are you available to work?**

**Can you travel to various area schools? YES/NO**

**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 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:** \_\_\_\_\_