



# APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER • DRUG FREE WORK PLACE  
PRE-EMPLOYMENT QUESTIONNAIRE

3785 Brickway Blvd. Suite 110 Santa Rosa CA 95403 BUS: (707) 838-4373 FAX: (707) 838-4454

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
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 INQUIRE OF YOUR PRESENT EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVERY 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
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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

NAME & ADDRESS OF EMPLOYER	DATE MTH/YR	SALARY	POSITION	REASON FOR LEAVING
	FROM			
	TO			
	FROM			
	TO			
	FROM			
	TO			
	FROM			
	TO			

**REFERENCES**

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	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 daage 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."

**I understand that Aaction Rents is a drug free company and all employment offers are contingent on Applicant passing a negative drug screen.**

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

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR	POSITION	WILL REPORT	SALARY WAGES