



**HERNDON  
INCORPORATED**  
P.O. Box 36 • Lugoff, SC 29078

# Application for Employment

## Pre-Employment Questionnaire Equal Opportunity Employer

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS:	CITY	STATE	ZIP CODE
PERMANENT ADDRESS:	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY:		

### EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ( ) YES ( ) NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ( ) YES ( ) NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ( ) YES ( ) NO
EVER APPLIED TO THIS COMPANY BEFORE? ( ) YES ( ) NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? ( ) YES ( ) NO	WHERE	WHEN
REASON FOR LEAVING?	NAME OF LAST SUPERVISOR AT THIS COMPANY	
HOW DID YOU FIND OUT ABOUT THIS POSITION? ( ) STATE EMPLOYMENT OFFICE ( ) FRIEND ( ) WALK IN ( ) WEBSITE	( ) EMPLOYMENT AGENCY	( ) NEWSPAPER ADVERTISING ( ) ONLINE ( ) OTHER

### EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

### GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

### MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ( ) YES ( ) NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

**FORMER EMPLOYERS (LIST BELOW LAST 3 EMPLOYERS, STARTING WITH MOST RECENT)**

DATE, MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**REFERENCES (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)**

NAME	ADDRESS	BUSINESS	PHONE NO.	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 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