



APPLICATION FOR EMPLOYMENT

THE PAAL PROGRAM
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 | 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 |

EDUCATION HISTORY

| | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|---|---------------------------|----------------|-------------------|------------------|
| GRAMMER SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDECE 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)

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

REFERENCES

| NAME | ADDRESS | 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 PAAL Program from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of The PAAL Program 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 PAAL 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 any other relevant federal and state laws."

DATE _____ SIGNATURE _____