



APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

Equal Opportunity Employer

Date

Personal Information

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER _____	
PRESENT ADDRESS		APARTMENT NUMBER	
CITY	STATE	ZIP CODE	
PHONE NUMBER	REFERRED BY		

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO ADP MEDIA GROUP BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

Education History

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	COMPLETION DATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
TRADE, BUSINESS, OR TECHNICAL SCHOOL				
COLLEGE				

Employment History

DATE MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

General Information

SUBJECTS OF SPECIAL STUDY OR RESEARCH
WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY SERVICE

TERM OF SERVICE

RANK

References

	NAME	BUSINESS AND TITLE	PHONE	ADDRESS

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 by ADP Media Group, statements on this application found to be false shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and the references and employers listed above to give ADP Media Group any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release ADP Media Group, as well as the employers listed above, from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of ADP Media Group 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 representative of ADP Media Group.

Signature _____ Date _____

Do not Write Below This Line

Interviewer's Remarks

HIRED?	HIRE DATE	POSITION	REPORT DATE	SALARY/WAGES

NEATNESS
ABILITY
PERSONALITY
CHARACTER

INTERVIEWER'S SIGNATURE _____ DATE _____