

WINGS N THINGS
3220 BROAD STREET DEXTER, MI 48130
734-427-7754

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT QUESTIONNAIR
EQUAL OPPORTUNITY EMPLOYER**

DATE: _____

PERSONAL INFORMATION

NAME

SOCIAL SECURITY NO.

LAST NAME FIRST NAME

— —

ADDRESS

STREET CITY STATE ZIP CODE

PHONE NO

() ()

SCHOOL

NAME AND LOCATION OF HIGH SCHOOL

NAME AND LOCATION OF COLLEGE

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

DESIRED HOURLY PAY

FORMER EMPLOYERS

DATE OF EMPLOYMENT

NAME AND ADDRESS OD EMPLOYER

RESON FOR LEAVINGD

DATE OF EMPLOYMENT

NAME AND ADDRESS OF EMPLOYER

REASON FOR LEAVING

AUTHORIZATION

I CERTIFY THAT FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFEDSATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATIONOF 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 INFOR- MATION 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 REPRESENTAVE OF THE COMPANY HAS ANY AUT HORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

REMARKS