

# 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	PHONE NO.
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	SECONDARY PHONE NO.
EMAIL ADDRESS	REFERRED BY			

## Employment Desired

POSITION	DATE YOU CAN START
ARE YOU EMPLOYED NOW? <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
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE WHEN

## Education History

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

## General Information

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

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

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	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	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 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 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 a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Do Not Write Below This Line**

DATE \_\_\_\_\_ INTERVIEWED BY \_\_\_\_\_

**Remarks**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER \_\_\_\_\_ DEPARTMENT HEAD \_\_\_\_\_ GENERAL MANAGER \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by LIVE, Inc at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **LIVE, Inc for employment purposes.**

I do \_\_\_\_\_do not\_\_\_\_\_ authorize you to contact, *my current* employer for Employment and Reference Verifications. (*Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date

## DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

LIVE, Inc ("The Company") may obtain information about you from a third party consumer reporting agency for employment. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, ***criminal history, social security verification, motor vehicle records ("driving records")***.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report.

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

### PERSONAL DATA

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Current Address                      Dates Lived Here

\_\_\_\_\_  
Date of Birth                      Other Names Used (including maiden name)                      Years Used

\_\_\_\_\_  
Social Security Number                      Driver's License #                      DL State

\_\_\_\_\_  
Email address (may be used for official correspondence)