

AgeWell Services of West Michigan Application for Employment



Pre-Employment Questionnaire

Equal Opportunity Employer

Date: _____

Personal Information

First Name: _____ Middle Initial: _____ Last Name: _____

Present Street Address: _____

City: _____ ST: _____ Zip Code: _____

Permanent Street Address: _____

City: _____ ST: _____ Zip Code: _____

Phone Number: (_____) _____ Cell Home Work

Are you 18 years of age or older? Yes No

Are you either an U.S. citizen or an alien authorized to work in the United States? Yes No

Employment Desired

Position: _____

Date You Can Begin: _____ Salary Desired: _____

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

Have you applied to AgeWell Services before? Yes No If so, when? _____

Education History

Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
Grammar School			
High School			
College			
Business, Trade or Correspondence 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 4 employers, starting with the most recent.)

Date: DD/MM/YYYY	Name & Address	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

Which of these jobs did you enjoy most? _____

What did you enjoy most about this job? _____

References Give the names of 3 persons not related to you whom you have known at least one year.

Name	Business & Address	Phone	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.

Signature: _____ Date: _____

Interviews by: _____ Date: _____

AgeWell Services of West Michigan
 560 Seminole Rd.
 Muskegon, MI 49444
 231-755-0434
www.agewellservices.org