



APPLICATION FOR EMPLOYMENT

Pre-Employment questionnaire

Equal opportunity employer

PERSONAL INFORMATION

Date: _____

Name (Last, First)

SSN: _____

Present Address

Phone Number

Referred By

EMPLOYMENT DESIRED

Position

Date You Can Start

Desired Salary

Are you Employed?

If so, may we inquire of your present employer?

____ Yes ____ No

____ Yes ____ No

Have you ever applied to RITA Corporation before? ____ Yes ____ No If yes, when? _____

NAME AND LOCATION OF SCHOOLS

High School

Years
Attended

____ Yes ____ No
Did you
Graduate?

Subjects Studied

College

Years
Attended

____ Yes ____ No
Did you
Graduate?

Subjects Studied

Trade, Business, Other School

Years
Attended

____ Yes ____ No
Did you
Graduate?

Subjects Studied

GENERAL

Subjects of Special Study/Research Work or Special Training Skills

FORMER EMPLOYERS

1.	_____	_____	_____	_____
	Dates Worked	Name of Employer	Position	Salary
		_____	_____	_____
		Address of Employer	Reason for Leaving	
2.	_____	_____	_____	_____
	Dates Worked	Name of Employer	Position	Salary
		_____	_____	_____
		Address of Employer	Reason for Leaving	
3.	_____	_____	_____	_____
	Dates Worked	Name of Employer	Position	Salary
		_____	_____	_____
		Address of Employer	Reason for Leaving	

REFERENCES

Give below the names of three persons (not related to you) whom you have know at least one year:

_____	_____
Name, Address, Phone, Business	Years Known
_____	_____
Name, Address, Phone, Business	Years Known
_____	_____
Name, Address, Phone, Business	Years Known

AUTHORIZATION

"I, the applicant/employee, 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 forgoing, unless it is in writing and signed by an authorized company representative."

_____	_____
Date	Applicant/Employee Signature
_____	_____
Date	Interviewed By

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