

The Artsmiths of Pittsburgh

Pre-Employment Questionnaire Equal Opportunity Employer

PERSONAL INFORMATION

Date of Application _____

Name	
Street Address, City, State, Zip	
Email	
Home Phone	Cell Phone
Would you be willing to share your social media presence with us, such as Facebook, Twitter, Instagram, ...? (attach separate schedule if needed)	

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are you Employed Now?	If so, may we contact your present employer?	Contact Information
Ever applied to this company before? (including Koolkat Designs and Rollier's)	Where	When

EDUCATION HISTORY

	Name & Location	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Other 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 / Year)	Name & Address of Employer	Salary	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	Phone No.	Business or Relationship	Years Known

REFERRED BY

Name

AVAILABILITY *(Please indicate the hours that you are available to work during each day and/or evening, for example: 10am-4pm; 5pm-9pm...)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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 representatives of the company has any authority to enter into any agreement for employment for a 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 _____