

U.S. Military or

Naval Service

HORIZON NORTH HOUSING INC

Pre-Employment Questionnaire Application for Employment Equal Opportunity Employer Personal Information Date: Name (Last Name First) Present Address Zip Code City State Permanent Address Zip Code Citv State Do you currently live in the City of St. Louis? ☐ Yes ☐ No Phone No. (Referred By □ No] Yes Have you ever been convicted of a felony? **Employment Desired** Position Date you can start Salary Desired Are you Employed? If so, may we inquire Yes $\prod N_0$ ☐ Yes $\prod N_0$ of your present employer? Have you ever applied Where? When? ☐ Yes ☐ No to this company before? \square No If not selected for this position would you like your application forwarded to other potential employers? \Box Yes **Education History** Name & Location of School Years **Subjects** Did you Graduate? Studied Attended Grammar School High School College Trade. Business or Correspondence School **General Information** Subjects of Special Study/Research Work or Special Training/Skills

Rank



HORIZON NORTH HOUSING INC

Former Employers (List Below last four employers, starting with last one first)

Date Month and Year	Name & Address	Salary	Position	Reason for Leaving
Month and Tear	of Employer			
From				
То				
From				
То				
From				
То				
From				
То				

Professional/Educational 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	Telephone Number

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 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 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."

Date:	Signature:	1E****************	
*********	******DO NOT WRITE BELOW THIS LIN	1E****************	*****
Interviewed by:		Date:	
Remarks			