

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

LAST

DATE OF APPLICATION:

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER: <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			

FIRST

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYEED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT 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?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECAL? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHICH LANGUAGE(S).	HOW FLUENTLY? <input type="checkbox"/> FAIR <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT	
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER			

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIES
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING OR SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE #	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE: RANK:
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HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.)

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 MY 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."

DATE

SIGNATURE