

# APPLICATION FOR EMPLOYMENT

**Pre-Employment  
Questionnaire  
An Equal  
Opportunity Employer**

## PERSONAL INFORMATION

NAME (LAST, FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT NO.	CITY	STATE	ZIP
PERMANENT ADDRESS (if different)	APT NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? _____ YES      _____ NO	PHONE			

## DESIRED EMPLOYMENT

POSITION APPLYING FOR:	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? _____ YES      _____ NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ YES      _____ NO	
WHO REFERRED YOU TO THIS COMPANY?		

## EDUCATION

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

## GENERAL

SUBJECTS OF SPECIAL INTEREST OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## AVAILABILITY

MONDAY:	_____
TUESDAY:	_____
WEDNESDAY:	_____
THURSDAY:	_____
FRIDAY:	_____
SATURDAY:	_____
SUNDAY:	_____

EMPLOYMENT HISTORY

LIST BELOW THE LAST 3 THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST:

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? _____YES      _____NO		
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? _____YES      _____NO		
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR SUPERVISOR? _____YES      _____NO		
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF DUTIES				
REASON FOR LEAVING				

REFERENCES

BELOW GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR:

	NAME	PHONE	HOW ACQUAINTED	YEARS ACQUAINTE
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE

CRIMINAL RECORD

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?
<div>_____YES</div> <div>_____NO</div>
IF YES, PLEASE EXPLAIN: (ANSWERING YES 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 STAEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL INFORMATION CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONTAING MY PREVIOUS EMPLOYMENT AND PERTINANT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ANY AND ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM THE 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 WRITTEN AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE

DATE

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