

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			

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REFERENCES

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

	NAME	PHONE	HOW ACQUAINTED	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE

CRIMINAL RECORD

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS? _____ YES _____ NO
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 STATEMENTS 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 CONTAINING 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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