



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 3 YEARS	APT. NO.	CITY	STATE	ZIP
PHONE #	ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EMAIL	CELL PHONE#	EMERGENCY CONTACT	NAME	PHONE

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE	WHEN
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
HOW DID YOU FIND OUT ABOUT THIS POSITION?		
EMPLOYMENT AGENCY <input type="checkbox"/>	NEWSPAPER ADVERTISING <input type="checkbox"/>	FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/>
STATE EMPLOYMENT OFFICE <input type="checkbox"/>	COLLEGE PLACEMENT SERVICE <input type="checkbox"/>	WALK IN <input type="checkbox"/> OTHER <input type="checkbox"/>

## EDUCATION

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

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## FORMER EMPLOYER

LIST BELOW THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

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

NAME OF PREVIOUS OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT.

NAME	ADDRESS	BUSINESS	PHONE
1			
2			
3			
4			

## SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?	BRANCH OF SERVICE
DISCHARGE DATE	RANK

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION?)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, EXPLAIN		

(A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

## 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 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."

"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