



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PRE-EMPLOYMENT  
QUESTIONNAIRE

LAST NAME:

FIRST:

MIDDLE:

## PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL			
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 (    )					

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	If so, may we inquire of 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		
Who referred you to this Company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <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		

## 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
SPECIAL SKILLS
COMPUTER SKILLS

## FORMER EMPLOYERS

List Below Last Three (3) Employers, starting with the **MOST** recent one First

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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME of SUPERVISOR	TITLE	PHONE ( )	
DESCRIPTION of WORK			
REASON for LEAVING			

NAME of PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY 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 PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY 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 (3) PERSONS YOU ARE **NOT** RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

	NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1			( )	
2			( )	
3			( )	

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE RANK

**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."

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE