



# APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

## PRE-EMPLOYMENT QUESTIONNAIRE

### PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL		SOCIAL SECURITY NO.	
PRESENT ADDRESS				APT. NO.	CITY		STATE ZIP
PERMANENT ADDRESS				APT. NO.	CITY		STATE ZIP
Email Address		PHONE ( )					

### DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	If so, may we inquire of your present employer? YES NO	
YES NO		
Ever applied to this Company before?	Where?	When?
YES NO		
Ever worked for this Company before?	Where?	When?
YES NO		
Reason for Leaving		
Name of Last Supervisor at this Company		
Who referred you to this Company?		
Employment Agency	Newspaper Advertising	Friend
State Employment Office	College Placement Service	Walk-in 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

LAST NAME:

FIRST:

MIDDLE:

## 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?                      YES                      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?                      YES                      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?                      YES                      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