



INC.

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## Personal Information

Date: \_\_\_\_\_

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

## Desired Employment

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES NO
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		

## Education

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YRS. ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

## Former Employers (List below last three employers, starting with the most recent)

MONTH DATE & YEAR FROM	NAME & ADDRESS OF EMPLOYER	PHONE NO.	MAY WE CONTACT YOUR SUPERVISOR?
TO		SALARY	YES    NO
DESCRIPTION OF WORK		SUPERVISOR NAME	
		POSITION	
REASON FOR LEAVING			

MONTH DATE & YEAR FROM	NAME & ADDRESS OF EMPLOYER	PHONE NO.	MAY WE CONTACT YOUR SUPERVISOR?
TO		SALARY	YES    NO
DESCRIPTION OF WORK		SUPERVISOR NAME	
		POSITION	
REASON FOR LEAVING			

MONTH DATE & YEAR FROM	NAME & ADDRESS OF EMPLOYER	PHONE NO.	MAY WE CONTACT YOUR SUPERVISOR?
TO		SALARY	YES    NO
DESCRIPTION OF WORK		SUPERVISOR NAME	
		POSITION	
REASON FOR LEAVING			

## References

Below, give the names of three persons who are not related to you, whom you have known for at least a year.

Name	Address	Business	Years Known

Have you been convicted of a felony within the last 5 years?	YES	NO
If yes, please explain. (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 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 and authorized company representative."

DATE

SIGNATURE