

# Application For Employment



**Pre-Employment Questionnaire**  
**Equal Opportunity Employer**

**PERSONAL INFORMATION**

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

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?		YES	NO
If yes, please provide details:			
Are you legally eligible for employment in this country?		YES	NO

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED? YES      NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		YES      NO
EVER APPLIED TO THIS COMPANY BEFORE? YES      NO	WHERE?	WHEN?	

**EDUCATION HISTORY**

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

**GENERAL INFORMATION**

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

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**PERSONAL REFERENCES** ( THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE	YEARS KNOWN

**PROFESSIONAL REFERENCES** ( THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE	YEARS KNOWN

**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 \_\_\_\_\_

If you are sending this application electronically, your submission represents the equivalent of your signature.

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

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NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/ WAGES