

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire

An Equal Opportunity Employer. Both applicants and employees are treated without regard to race, color, religion, creed, gender, age, national origin, medical condition or disability.

DATE: _____

PERSONAL INFORMATION

NAME (Last, First, MI)		Social Security No. and Date of Birth /	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO	FOR WHAT POSITION?	WHEN?

EDUCATION INFORMATION

NAME & ADDRESS OF SCHOOL	YEARS ATTENDED	DEGREE ATTAINED	SUBJECT STUDIED
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE			
VOCATIONAL, BUSINESS SCHOOL			
GRADUATE OR OTHER SCHOOL			

SPECIAL TRAINING/ MILITARY SERVICE

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK OR SPECIAL TRAINING/SKILLS APPLICABLE TO THE POSITION APPLIED FOR:		
DID YOU SERVE IN THE U.S. MILITARY/NAVAL SERVICE?? YES NO	BRANCH OF SERVICE	FINAL RANK
HONORABLE DISCHARGE? YES NO	IF NO, PLEASE EXPLAIN: (USE BACK OF SHEET IF MORE SPACE NEEDED)	

WORK EXPERIENCE

(List below last 5 employers starting with most recent and working back. Please, complete even if attaching resume)

DATES MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	START/END SALARY	POSITION/ PRIMARY JOB DUTIES	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

(List below two persons, not related to you, that you have known at least one year and can attest to your good character)

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS KNOWN
1			
2			

AUTHORIZATION: (Please read the following carefully before signing below.)

“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.”

Date: _____ Signature of Applicant: _____

OFFICE USE ONLY-APPLICANTS DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

REMARKS/INTERVIEW NOTES:

APPEARANCE/NEATNESS		CHARACTER	
PERSONALITY		KNOWLEDGE AND/OR ABILITY	

DETERMINATION

RECOMMEND FOR HIRING?	DATE OF HIRE	POSITION	SUPERVISOR	WAGE
YES NO				

Signature of Supervisor: _____ Date: _____

Signature of Director: _____ Date: _____