



APPLICATION FOR EMPLOYMENT

(PRE- EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME (LAST)		(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.	
PRESENT ADDRESS (STREET)			CITY	STATE	ZIP CODE
PERMANENT ADDRESS (STREET)			CITY	STATE	ZIP CODE
PHONE NO.	ARE YOU 18 OR OLDER?				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				

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 YOU PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN? REASON FOR LEAVING	
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER		

EDUCATION

EDUCATION	NAME / LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOLL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENSE SCHOOLS				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK		
SPECIAL TRAINING		
SPECIAL SKILLS		
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST.)

NAME OF LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STATING DATE	LEAVING DATE	JOB TITLE	DESCRIPTION OF WORK
REASON FOR LEAVING			
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SUPERVISOR	TITLE PHONE NO.

NAME OF LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STATING DATE	LEAVING DATE	JOB TITLE	DESCRIPTION OF WORK
REASON FOR LEAVING			
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SUPERVISOR	TITLE PHONE NO.

NAME OF LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STATING DATE	LEAVING DATE	JOB TITLE	DESCRIPTION OF WORK
REASON FOR LEAVING			
MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF SUPERVISOR	TITLE PHONE NO.

REFERENCE

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NO.	YEARS ACQUAINTED

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.)

APPLICANT'S STATEMENT

" 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