



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)



Last

PERSONAL INFORMATION

(PLEASE PRINT OR TYPE AND COMPLETE ALL SPACES)

DATE: _____

NAME:

Last

First

Middle

Social Security Number

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone No.

Are you 18 years or older

YES

NO

First

SPECIAL QUESTIONS

HEIGHT _____ FEET _____ INCHES _____ ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? YES ___ NO ___

WEIGHT _____ LBS

DATE OF BIRTH* _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ _____ WRITE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ** YES ___ NO _____ DESCRIBE: _____

*The Age Discrimination In Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Middle

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

WHO REFERRED YOU TO THIS COMPANY?

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____			

HIGH SCHOOL	_____			

COLLEGE	_____			

TRADE BUSINESS OR CORRESPONDENCE SCHOOL	_____			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH

U S MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH MOST RECENT FIRST)

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

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO
 IF YES WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

PLEASE DESCRIBE

IN CASE OF
EMERGENCY PLEASE NOTIFY:

NAME: _____ Address _____ Phone No. _____

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED: Yes No POSITION: _____ DEPT: _____

SALARY/WAGE _____ DATE REPORTING TO WORK: _____

APPROVED 1 _____ 2 _____ 3 _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER