

Application For Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

Name:		Social Security No:		
Present Address:		City:	State:	Zip Code:
Permanent Address:		City:	State:	Zip Code:
Phone No: ()	Referred By:			

EMPLOYMENT DESIRED At Least 18 years of age? YES NO

Position:		Date You Can Start:	Salary Desired:	
Are You Employed:	YES NO	If so, may we contact your current employer:		YES NO
Ever applied to this Company before:	YES NO	Where:	When:	

EDUCATION HISTORY

Name & Location of School	Years Attended	Did you graduate	Subjects studied
Grammar School:			
High School:			
College:			
Trade, Business or Correspondence School			

GENERAL INFORMATION

Subjects of Special Study/Research work or special training/skills	
U.S. Military or Naval Service	Rank

FORMER EMPLOYERS

DATE MM/YY	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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 KNOWN

AVAILABILITY Give times available for each day

DAY	AM AVAILABILITY	PM AVAILABILITY
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

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 _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

NEATNESS:		CHARACTER:		
PERSONALITY:		ABILITY:		
HIRED:	FOR DEPT:	POSITION:	WILL REPORT:	SALARY/WAGE:
REMARKS:				

APPROVED: 1. _____ 2. _____ 3. _____
 Employment Manager Department Head General Manager