

# 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

POSITION:	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <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	WHERE?	WHEN?

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE YOU GRADUATED/CERT OBTAINED	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
CERTIFICATIONS /LICENSES			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

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

DATE MONTH AND YEAR	EMPLOYER'S NAME, ADDRESS & PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM	1)			
TO				
FROM	2)			
TO				
FROM	3)			
TO				
FROM	4)			
TO				

CONTINUED ON OTHER SIDE

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

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

- 1) DO YOU HAVE A RECORD OF FOUNDED CHILD OR DEPENDENT ADULT ABUSE?  
(PLEASE CHECK ONE)    YES    NO
- 2) HAVE YOU EVER BEEN CONVICTED OF CRIMES IN THIS STATE OR ANY OTHER STATE?  
(PLEASE CHECK ONE)    YES    NO

**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."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

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**REMARKS**


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