

Application for Employment

Pre-employment Questionnaire
An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First, MI)		Social Security No.		
Present Address	Apt No.	City	State	Zip
Permanent Address	Apt No.	City	State	Zip
Are you 18 Years or Older? <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone		

LAST

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 Your 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?
Ever Worked for This Company Before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Where?	When?
Reason for Leaving			
Name of Last Supervisor at this Company			
Who Referred You to this Company?			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Walk In	<input type="checkbox"/> State Employment Office	

FIRST

MIDDLE

EDUCATION

School Level	Name and Location of School	Subject Studied	No. of Years Attended	Did You Graduate?
Grammar School			1 2 3 4 5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO
High School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO
College			1 2 3 4 5 6 7 8	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade, Business or Correspondence School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL

Subjects of Study or Research Work
Special Training
Special Skills

FORMER EMPLOYERS

List below last three employers, starting with the most recent one first.

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor and Title			Phone
Description of Work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor and Title			Phone
Description of Work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor and Title			Phone
Description of Work			
Reason for Leaving			

REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year.

	Name	Address	Business	Years Acquainted
1				
2				
3				

SERVICE RECORD

Branch of Service	Rank	Discharge Date

PERSONAL DATA

Citizenship: Will you be able to provide proof of identity and employment eligibility if hired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of any crime for which you were fined \$100 or more and/or confined in jail for more than one day within the past seven years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please describe:		
(NOTE: A conviction record will not necessarily ban an applicant from employment.)		

AUTHORIZATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. IF EMPLOYED, I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. I UNDERSTAND THAT IF I AM EXTENDED AN OFFER OF EMPLOYMENT IT MAY BE CONDITIONED UPON MY SUCCESSFULLY PASSING A COMPLETE PRE-EMPLOYMENT PHYSICAL EXAMINATION. I CONSENT TO RELEASE OF ANY OR ALL MEDICAL INFORMATION AS MAY BE DEEMED NECESSARY TO JUDGE MY CAPABILITY TO DO WORK FOR WHICH I AM APPLYING. I AGREE TO COMPLY WITH THE EMPLOYER'S SUBSTANCE ABUSE PROGRAM, INCLUDING DRUG AND/OR ALCOHOL TESTING AS MAY BE REQUIRED.

IF EMPLOYED, I AGREE TO CONFORM TO THE RULES OF THIS COMPANY, AND HEREBY ACKNOWLEDGE THAT MY EMPLOYMENT WITH THE COMPANY CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT NOTHING CONTAINED IN ANY EMPLOYEE HANDBOOK OR POLICY STATEMENT NULLIFIES OR MODIFIES THE FOREGOING EMPLOYMENT AT WILL POLICY.

Date _____

Applicant's Signature _____