

# Application For Employment

Pre-Employment Questionnaire  
Equal Opportunity Employer

## Personal Information

Date:

|                   |      |                        |          |
|-------------------|------|------------------------|----------|
| Name              |      | Social Security Number |          |
| Present Address   | City | State                  | Zip Code |
| Permanent Address | City | State                  | Zip Code |
| Phone Number      |      | Refereed By            |          |

## Employment Desired

|   |   |                |
|---|---|----------------|
| Position  | Date you can start  | Salary Desired |
| Are you Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>                    | If so my we inquire your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |                |
| Ever applies to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/> | Where?  | When?          |

## Education History

| Name & Location of School                | Years Attended | Did you graduate?            |                             | Subjects Studied |
|--|----------------|------------------------------|-----------------------------|------------------|
| Grammar School                           |                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                  |
| High School                              |                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                  |
| College                                  |                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                  |
| Trade, Business or Correspondence School |                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                  |

## General Information

|  |      |
|--|------|
| Subjects of special studies/research work or special training skills |      |
|  |      |
|  |      |
| US Military Branch   | Rank |

## Former Employers (List below the last four employers starting with the last one first)

| Date Month & Year | Name & Address of Employer | Salary | Position | Reason for Leaving |
|-------------------|----------------------------|--------|----------|--------------------|
| From              |                            |        |          |                    |
| To                |                            |        |          |                    |
| From              |                            |        |          |                    |
| To                |                            |        |          |                    |

## Former Employers Continued

| Date Month & Year | Name & Address of Employer | Salary | Position | Reason for Leaving |
|-------------------|----------------------------|--------|----------|--------------------|
| 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 or Phone Number | Business | Years Known |
|------|-------------------------|----------|-------------|
|      |                         |          |             |
|      |                         |          |             |
|      |                         |          |             |

## 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 have grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above 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 relevant federal and state laws."

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

## Remarks

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|             |          |           |             |        |
|-------------|----------|-----------|-------------|--------|
| Neatness    |          | Character |             |        |
| Personality |          | Ability   |             |        |
| Hired       | For Dept | Position  | Will Report | Salary |

Approved By: \_\_\_\_\_