

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	REFERRED BY
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	MOBILE PHONE NUMBER	EMERGENCY CONTACT INFORMATION	

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 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 If so, when? _____		

Education History

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

Subjects of special study, research, or work and/or special training or skills	
U.S. Military or Naval Service	Rank

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

Date Month & Year		Name & Location of Employer	Salary	Position	Reason for leaving
From					
To					
From					
To					
From					
To					
From					
To					

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

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."

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks

Neatness		Character		
Personality		Ability		
Hired	Position	Start Date	Salary/ Wages	Review Date

Approved by 1. _____ 2. _____ 3. _____
Employment Manager Department Manager General Manager