

**APPLICATION FOR EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		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 YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

**EDUCATION HISTORY**

NAME & LOCATION OF SCHOOL	YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR			
CORRESPONDENCE			

**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	NAME & ADDRESS OF EMPLOYER	SALARY	POSTION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
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	BUSINESS	YRS 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 to otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also 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 (ADA) and other relevant federal and state laws."

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

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

DO NOT WRITE BELOW THIS LINE

## REMARKS


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER