



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NUMBER ()	Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>				
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, PLEASE EXPLAIN : _____				
(CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT. THE RECENCY, SEVERITY AND PERTINENCE OF THE CONVICTION, AS IT PERTAINS TO THE JOB, WILL BE CONSIDERED)				

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?
REFERRED BY _____		
ARE YOU AVAILABLE TO WORK : FULL TIME _____ PART TIME _____ TEMPORARY _____		
What Days?	SUN	MON TUE WED THU FRI SAT
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
US MILITARY / NATIONAL GUARD SERVICE YES <input type="checkbox"/> NO <input type="checkbox"/>	RANK _____	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	NUMBER YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS SCHOOL			

LAST

FIRST

M.I.

GENERAL INFORMATION
SPECIAL SKILLS

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
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	BUSINESS	YEARS KNOWN
1			
2			
3			

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANYTIME.
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

NEATNESS _____ ABILITY _____

HIRED _____ POSITION _____ DEPT _____

SALARY / WAGE _____ DATE REPORTING TO WORK _____

APPROVED _____