

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

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**PERSONAL INFORMATION:**

TODAY'S DATE \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

DRIVER LICENSE NUMBER / EXP. DATE \_\_\_\_\_ / \_\_\_\_\_

ARE YOU EITHER A US CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? \_\_\_\_\_

YES NO

ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_

YES NO

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**EMPLOYMENT DESIRED:**

POSITION \_\_\_\_\_

DATE YOU CAN START \_\_\_\_\_

SALARY DESIRED \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_

YES NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER \_\_\_\_\_

YES NO

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? \_\_\_\_\_

YES NO

WHERE: \_\_\_\_\_

WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

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**GENERAL:**

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATES RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS \_\_\_\_\_

US MILITARY OR THE NATIONAL GUARD \_\_\_\_\_

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**EMPLOYMENT HISTORY:** (LIST BELOW FOUR EMPLOYERS, STARTING WITH THE MOST RECENT FIRST)

DATE MONTH AND YEAR	NAME, ADDRESS AND TELEPHONE	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

**REFERENCES:** (GIVE BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS OR PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**IN CASE OF EMERGENCY NOTIFY:**

NAME	RELATIONSHIP
ADDRESS	CONTACT TELEPHONE NUMBER

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE	SIGNATURE
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**OFFICE ONLY: DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY	DATE
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REMARKS

NEATNESS

ABILITY

HIRED	FOR DEPT	POSITION	WILL REPORT TO	SALARY
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<b>APPROVED</b>	1) EMPLOYMENT MANAGER	2) DEPARTMENT HEAD	3) GENERAL MANAGER
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