



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

REFERRED BY _____

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME) _____

PHONE NO. _____

SSN _____

PRESENT ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PERMANENT ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

EMPLOYMENT DESIRED

POSITION _____

DATE YOU CAN START _____

SALARY DESIRED _____

ARE YOU CURRENTLY EMPLOYED? YES
NO

YES
NO

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES
NO

HAVE YOU APPLIED HERE BEFORE? YES
NO

YES
NO

IF YES, WHEN? _____

WHERE _____

EDUCATION HISTORY

	SCHOOL NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE?		SUBJECT STUDIED
HIGH SCHOOL	_____	_____	YES	NO	_____
TRADE/OTHER	_____	_____	YES	NO	_____
COLLEGE	_____	_____	YES	NO	_____

GENERAL INFORMATION

SUBJECT OR SPECIAL STUDIES, TRAINING, OR SKILLS

U.S. MILITARY OR NAVAL EXPERIENCE ? YES NO RANK _____

CONTINUE ON THE OTHER SIDE

FORMER EMPLOYERS

LIST LAST 4 EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE MONTH & YEAR	EMPLOYER NAME& ADDRESS	SALARY	POSITION	REASON FOR LEAVING
START _____ END _____	NAME _____ PH NO. _____	_____	_____	_____
START _____ END _____	NAME _____ PH NO. _____	_____	_____	_____
START _____ END _____	NAME _____ PH NO. _____	_____	_____	_____
START _____ END _____	NAME _____ PH NO. _____	_____	_____	_____

REFERENCES

GIVE NAMES OF 3 PEOPLE NOT RELATED TO YOU AND WHOM YOU'VE KNOWN FOR AT LEAST A YEAR

NAME	PHONE NO.	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."

DATE	SIGNATURE	INTERVIEWED BY	DATE
_____	_____	_____	_____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS	CHARACTER	PERSONALITY	ABILITY	
_____	_____	_____	_____	
HIRED	FOR DEPT.	POSITION	REPORT TO	WAGES
_____	_____	_____	_____	_____
APPROVED	YES	NO	DH	GM
_____	_____	_____	_____	_____