



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (Last name first)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	ARE YOU OVER 18?	REFERRED BY	

## EMPLOYMENT DESIRED

POSITION DESIRED	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?

## AVAILABILITY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM	FROM	FROM	FROM	FROM	FROM	FROM
TO	TO	TO	TO	TO	TO	TO

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	SUBJECTS STUDIED	DID YOU GRADUATE
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

## GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICES	RANK

## FORMER EMPLOYERS

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

DATE, MONTH & YEAR	NAME & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Have you ever been convicted of a criminal offense? Yes No (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: \_\_\_\_\_

Are you a citizen of the United States or authorized to work in the United States? Yes No  
(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? Yes No License Number and State issued: \_\_\_\_\_

## REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST A YEAR

NAME	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 UNDERSTAND THAT A DRUG TEST MAY BE REQUIRED FOR MY EMPLOYMENT WITH THE COMPANY. 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 THE AUTHORIZED COMPANY REPRESENTATIVE."

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

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