



Application For Employment

Pre-Employment Questionnaire. An Equal Opportunity Employer.

Personal Information

Name (Last Name First)			Social Security No.	
Present Address	Apt. No.	City	State	Zip
Permanent Address	Apt. No.	City	State	Zip
Previous Address if less than 3 years	Apt. No.	City	State	Zip
Phone	Cell Phone	Are you 18 yrs old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email	Emergency Contact	Name:	Phone	

Last

Desired Employment

Position	Date you can start	Salary desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for leaving		

First

Name of last supervisor at this company			
How did you find out about this position?			
<input type="checkbox"/> Employment agency	<input type="checkbox"/> Newspaper advertising	<input type="checkbox"/> Friend	<input type="checkbox"/> Online Ad
<input type="checkbox"/> State employment office	<input type="checkbox"/> College placement service	<input type="checkbox"/> Walk in	<input type="checkbox"/> Other

Middle

Education

School Level	Name and location of school	No. of years attended	Did you graduate?	Subjects studied
High School	/	/	/	/
College	/	/	/	/
Trade, business or corresponding school	/	/	/	/

General

Subjects of special study or research work:
Special training, certifications, licenses
Special skills, foreign languages, etc.



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Former Employers *List below former employers starting with the most recent*

Name of previous employer

Address _____ City _____ State _____ Zip _____

Starting date _____ Leaving date _____ Job title _____

Weekly starting salary _____ Weekly final salary _____ May we contact your supervisor?
 Yes No

Name of supervisor _____ Title _____ Phone _____

Description of work _____

Reason for leaving _____

Name of previous employer

Address _____ City _____ State _____ Zip _____

Starting date _____ Leaving date _____ Job title _____

Weekly starting salary _____ Weekly final salary _____ May we contact your supervisor?
 Yes No

Name of supervisor _____ Title _____ Phone _____

Description of work _____

Reason for leaving _____

Name of previous employer

Address _____ City _____ State _____ Zip _____

Starting date _____ Leaving date _____ Job title _____

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 Yes No

Name of supervisor _____ Title _____ Phone _____

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References

List professional references whom we may contact

Name	Address	Business	Phone number

Service Record

Have you ever served in the U.S. Armed Forces?

Yes No

Branch of Service

Discharge date

Rank

Have you ever been convicted or plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation?)

Yes No

If yes, explain

(A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.)

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.

* This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans With Disabilities Act (ADA) and relevant federal and state laws

Date

Signature