



# APPLICATION FOR EMPLOYMENT

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

**PERSONAL INFORMATION**

**DATE**

**NAME**

**SOCIAL SECURITY NUMBER**

LAST FIRST MIDDLE

**PRESENT ADDRESS**

STREET CITY STATE ZIP

**PERMANENT ADDRESS**

STREET CITY STATE ZIP

**PHONE NO.**

**ARE YOU 21 YEARS OR OLDER?** Yes  No

**ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED**

**IN THIS COUNTRY BECAUSE OF VISA DR IMMIGRATION STATUS?** Yes  No

**EMPLOYMENT DESIRED**

**POSITION**

**DATE YOU CAN START**

**SALARY DESIRED**

**ARE YOU EMPLOYED NOW?**

**IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** Yes  No

**EVER APPLIED TO THIS COMPANY BEFORE?**

**WHERE?**

**WHEN?**

**REFERRED BY**

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

**SPECIAL SKILLS**

**ACTIVITIES: (CIVIC, ATHLETIC, ETC.)**

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

**U.S. MILITARY OR NAVAL SERVICE**

**RANK**

**PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES**

**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				
FROM TO				

**WHICH OF THESE JOBS DID YOU LIKE BEST?**

**WHAT DID YOU LIKE MOST ABOUT THIS JOB?**

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

	NAME	PHONENUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**IN CASE OF  
EMERGENCY NOTIFY**

**NAME**

**ADDRESS**

**PHONE NO.**

"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 ANY TIME.

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 ANY TIME 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**

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991