



# Application for Employment

(PRE-EMPLOYMENT QUESTIONNAIRE) (EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

Date \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER (        )	REFERRED BY		

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER ? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, WHERE?	IF SO, WHEN?

## EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL.				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING/ SKILLS	
U.S. MILITARY YES <input type="checkbox"/> NO <input type="checkbox"/>	DISCHARGE/ WHAT RANK?

## FORMER EMPLOYERS

DATE / MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

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## REFERENCES

NAME	ADDRESS/ PHONE	BUSINESS	YEARS KNOWN
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NAME	ADDRESS/ PHONE	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 the authorized company representative.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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

**Do NOT WRITE BELOW THIS LINE  
OFFICIAL USE ONLY**

NEATNESS	CHARACTER	PERSONALITY		
HIRED	DEPARTMENT	POSITION	WILL REPORT	SALARY

## ADDITIONAL COMMENTS


APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/>	DEPARTMENT HEAD	ADMINISTRATIVE HEAD	CEO
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