APPLICATION FOR EMPLOYMENT Pre-employment questionnaire for equal opportunity employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: (LASTNAME FIRST) |  |  |  | SOCIAL SECURITY NO.: |
| PRESENT ADDRESS: | APT. NO.: | CITY: | STATE: | ZIP: |
| PERMANENT ADDRESS: | APT. NO.: | CITY: | STATE: | ZIP: |
| ARE YOU 18 YEARS OF AGE OR OLDER: |  |  |  |  |
| PHONE NO.: |  |  |  |  |

DESIRED EMPLOYMENT:

|  |  |  |  |
| --- | --- | --- | --- |
| Position: | Date you can start: | | Salary desired: |
| Are you employed now?: | | If so, may we contact your present employer: | |
| Ever applied to this company before: | Where?: | | When?: |
| Ever worked for this company before: | Where?: | | When?” |
| Reason for leaving: | | | |
|  | | | |
|  | | | |
| Who referred you to this company: | | | |

EDUCATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | # YRS. ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS or CORRESPONDENCE SCHOOL |  |  |  |  |

GENERAL

|  |
| --- |
| Subjects of special study: |
| Special training: |
| Special skills: |

FORMER EMPLOYERS

List below last three employers, starting with the most recent

|  |  |  |
| --- | --- | --- |
| Name of Present or Last Employer: | | |
| Address: | City: | State & Zip |
| Start Date: | Leave Date: | Job Title: |
| Weekly Starting Rate: | Weekly Final Salary: | May we contact Supervisor?: |
| Name of Supervisor: | Title: | Phone: |
| Description of Work: | | |
|  | | |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name of Present or Last Employer: | | |
| Address: | City: | State & Zip |
| Start Date: | Leave Date: | Job Title: |
| Weekly Starting Rate: | Weekly Final Salary: | May we contact Supervisor?: |
| Name of Supervisor: | Title: | Phone: |
| Description of Work: | | |
|  | | |
| Reason for Leaving: | | |

|  |  |  |
| --- | --- | --- |
| Name of Present or Last Employer: | | |
| Address: | City: | State & Zip |
| Start Date: | Leave Date: | Job Title: |
| Weekly Starting Rate: | Weekly Final Salary: | May we contact Supervisor?: |
| Name of Supervisor: | Title: | Phone: |
| Description of Work: | | |
|  | | |
| Reason for Leaving: | | |

REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

MILITARY SERVICE

|  |  |
| --- | --- |
| Branch of Service: | Discharge Date:  Rank: |

|  |
| --- |
| Have you ever been convicted of a felony : |
| If yes, explain (May not necessarily exclude you from consideration): |
|  |
|  |
|  |

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: |