



APPLICATION FOR EMPLOYMENT

[PRE-EMPLOYMENT QUESTIONNAIRE] [AN EQUAL OPPORTUNITY EMPLOYER]

PERSONAL INFORMATION

NAME: _____
 LAST FIRST MIDDLE

SOC. SEC.: _____ - _____ - _____ DOB: _____

ADDRESS: _____
 STREET CITY STATE ZIP

PHONE NO: _____ ARE YOU 18 YEARS OR OLDER?
 (CIRCLE ONE) YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY
 BECAUSE OF VISA OR 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?: _____

EVER APPLIED TO THIS COMPANY BEFORE?: _____ WHEN?: _____

REFERRED BY: _____

EDUCATION

TYPE	NAME AND LOCATION	NO OF 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 ADDRESS BUSINESS YEARS ACQUAINTED

1

2

3

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO. RELATION

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 & 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 ITS 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.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE: _____

REMARKS: _____

NEATNESS:

HIRED: YES NO POSITION: DEPT:

SALARY/WAGE DATE REPORTING TO WORK: _____

APPROVED: 1 2 3
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER