

# 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 YEARS OR OLDER?		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?	
		YES NO		YES NO	
EMAIL	EMERGENCY CONTACT	NAME	PHONE		

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
YES NO	YES NO		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	
YES NO			
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?	
YES NO			
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
HOW DID YOU FIND OUT ABOUT THIS POSITION			
EMPLOYMENT AGENCY	NEWSPAPER ADVERTISING	FRIEND	ONLINE AD
STATE EMPLOYMENT OFFICE	COLLEGE PLACEMENT SERVICE	WALK-IN	OTHER

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	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 TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR LAST 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 PRESENT OR LAST 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 PRESENT OR LAST 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				

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

## REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT.

	NAME	ADDRESS	BUSINESS	PHONE NUMBER
1				
2				
3				
4				

## 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 OF, 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.

"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.

"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 OTHER RELEVANT FEDERAL AND STATE LAWS."

DATE

SIGNATURE



## APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

**Last Name**

**First**

**Middle**

**Address**

**City**

**State**

**Zip Code**

**Sex (check one)**

Male

Female

**Ethnic origin (check one)**

W - White

B - Black

H - Hispanic

P - Islander (Asian/Pac.)

I - Alaskan (Am. Ind./)

O - Other

**Veteran (check one)**

Yes

No

**Spouse of Veteran (check one)**

Yes

No

**Orphan of Veteran (check one)**

Yes

No

**How did you find out about this job?**

Newspaper

Employee Referral

Internet Website

Other (specify)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**White (Not of Hispanic origin)** ~ All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Black (Not of Hispanic origin)** - All persons having origins in any of the Black racial groups of Africa.

**Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin regardless of race.

**Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

**American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**AN EQUAL OPPORTUNITY EMPLOYER**