

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION		TODAY'S DATE	BIRTH DATE	
NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.		
ADDRESS		CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? [] YES [] NO	PHONE NUMBER			

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? [] YES [] NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? [] YES [] NO			
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? [] YES [] NO	WHERE?	WHEN?		
REASON FOR LEAVING				
NAME OF LAST SUPERVISOR AT THIS COMPANY				
WHO REFERRED YOU TO THIS COMPANY? [] EMPLOYMENT AGENCY [] NEWSPAPER AD [] FRIEND [] WALK IN [] OTHER				

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

GENERAL

SPECIAL TRAINING/SKILLS

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FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST.

NAME OF PRESENT/PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

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REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	PHONE #	YEARS ACQUAINTED
1				
2				
3				

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR AND/OR FELONY WITHIN THE LAST 5 YEARS? YES NO

IF YES, EXPLAIN, (WILL 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

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HOURS OF AVAILABILITY

PLEASE COMPLETE THE DAYS AND HOURS YOU WOULD BE AVAILABLE TO WORK BUSINESS HOURS ARE 10:00 AM - CLOSE, 7 DAYS A WEEK	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	
ADDITIONAL INFO.	

DO NOT WRITE BELOW THIS LINE - INTERVIEWERS USE ONLY

INTERVIEWED BY:	DATE:
COMMENTS:	

INTERVIEWED BY:	DATE:
COMMENTS:	

INTERVIEWED BY:	DATE:
COMMENTS:	

HIRED DATE	POSITION	RATE OF PAY	START DATE
DEPT MGR APPROVAL		DATE	
GENERAL MGR APPROVAL		DATE	