

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE-AN EQUAL OPPORTUNITY EMPLOYER)

Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Last First M.I.

Present Address \_\_\_\_\_

Street City State Zip

Permanent Address \_\_\_\_\_

Street City State Zip

Phone Number \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Are you either a U.S. Citizen or an Alien authorized to work in the United States? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Birth \* \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor within the last 5 years? If yes, please describe. \*\* \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Employment Desired

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

If summer/part time help, last day of work \_\_\_\_\_ Work Labor Day Weekend? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact them? \_\_\_\_\_

Have you applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Education

	NAME AND LOCATION	#YRS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade School				

General

Subjects of Special Study or Research Work \_\_\_\_\_

US Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Rank in National Guard or Reserve \_\_\_\_\_

Former Employers (List below, the last three employers, starting with the last one first)

Date (mm/vy)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References (Give the names of three persons not related to you, whom you have known at least one year)

Name	Address and Phone	Business	Years Acquainted
1.			
2.			
3.			

**Personal Information**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PREFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

HAVE YOU EVER HAD ANY BACK PROBLEMS? \_\_\_\_\_

Please describe \_\_\_\_\_

DO YOU SMOKE? \_\_\_\_\_

In case of Emergency, notify: \_\_\_\_\_

Name

Address

Phone

Relationship

"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 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 ALL PARTIES FROM ALL LIABILITY FOR DAMAGE THAT MAY RESULT FROM FURNISHING SHAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF MY PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Notes \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Department \_\_\_\_\_

Salary/Wages \_\_\_\_\_ Start Date \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Employment Manager

Department Head

General Manager