

# Application for Employment

Pre-Employment Questionnaire  
An Equal Opportunity Employer 11-02

Date: \_\_\_\_\_

## Personal Information

Name (Last Name, First Name, M.I.)		Social Security No.		
Present Address	Apt No.	City	State	Zip
Permanent Address	Apt No.	City	State	Zip
Are you 18 years or older Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone	Are you either a U.S. Citizen or an alien authorized to work in U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		
In case of Emergency, Notify:	Address		Phone	
In case of Emergency, Notify:	Address		Phone	

## Desired Employment

Position applied for:	Date you can start	Salary Desired
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?
Ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?
Reason for Leaving		
Name of last supervisor at this company		
Who referred you to this company?		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Friend
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Union Hall	<input type="checkbox"/> Walk In <input type="checkbox"/> 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
Special Skills

**Former Employers****LIST BELOW LAST FIVE YEARS OF EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.**

Name of Present or Last Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Salary	Weekly 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 Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Salary	Weekly 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 Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Salary	Weekly 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			

**Former Employers Continued**

Name of Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Salary	Weekly 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 Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Salary	Weekly 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 Previous Employer			
Address		City	State Zip
Starting Date	Leaving Date	Job Title	
Weekly Salary	Weekly 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			

**Character References**

Below, Give the names of three persons, other than a former employer or relative.

Name	Address	Phone #	Years Acquainted

**Special Questions**

Do not answer questions in this box unless the employer has checked the box preceding the question. This indicates that the information is required for a bona fide occupational qualification, or dictated by national security laws, or needed for other legally permissible reasons.

Height \_\_\_ Feet \_\_\_ inches

Weight \_\_\_\_\_ Pounds

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No

If Yes, What can be done to accommodate your limitations?

Were you ever seriously injured?  Yes  No

If Yes, Describe the injuries:

Have you been convicted of a felony or misdemeanor within the last 5 years?  Yes  No

If Yes, Explain.

I understand and agree that I may be required to take one or more  physical examination and/or  Drug test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). \_\_\_\_ Yes \_\_\_\_ No

**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 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 any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date \_\_\_\_\_

Signature \_\_\_\_\_