

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE \_\_\_\_\_

## PERSONAL INFORMATION

NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS	STREET	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NO.	APARTMENT NO.	
IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				<input type="checkbox"/> YES <input type="checkbox"/> NO

LAST

FIRST

MIDDLE

## 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?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	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 ADVERTISEMENT <input type="checkbox"/> OTHER
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN <input type="checkbox"/> FRIEND

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED?	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

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SPECIAL TRAINING

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SPECIAL SKILLS

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**FORMER EMPLOYERS** [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST]

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO

DESCRIPTION OF WORK

REASON FOR LEAVING

**REFERENCES: GIVE BELOW 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			

**SERVICE RECORD**

BRANCH OF SERVICE DISCHARGE DATE RANK  
 PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES DATE OBLIGATION ENDS

## SPECIAL QUESTIONS

**DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED**  
 A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS

HEIGHT \_\_\_\_\_ feet \_\_\_\_\_ inches  Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

■ JOB FUNCTION 1 YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

■ JOB FUNCTION 2 YES NO

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATION?

WERE YOU EVER SERIOUSLY INJURED? YES NO GIVE DETAILS

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

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

I understand and agree that I may be required to take one or more  physical examination;  lie detector 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 and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law \_\_\_\_\_ Yes \_\_\_\_\_ No

\* 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

## AUTHORIZATION

"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 AND 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 CONDITION 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."

DATE

SIGNATURE