



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. _____	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (     )		REFERRED BY	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

## EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

## ADDITIONAL INFORMATION

SUBJECTS OF SPECIAL TRAINING/SKILLS/LICENSES/STUDY	
U.S. MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES OF SERVICE FROM _____/_____/_____ TO _____/_____/_____

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**AUTHORIZATION** (INITIAL AND SIGN)

"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 the application shall be grounds for dismissal."

"I \_\_\_\_\_ authorize investigation of all statements contained herein and the references and employers listed above may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of 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."

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

**PLEASE DO NOT WRITE BELOW THIS LINE**

**REMARKS**


APPLICATION REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_