

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE	
NAME				SOC SEC #	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
PHONE NUMBER			ARE YOU 18 YEARS OR OLDER?		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?					

LAST NAME

FIRST NAME

MIDDLE NAME

EMPLOYMENT DESIRED

FULL TIME OR PART TIME *(Circle One)*

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?
HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? YES NO		IF YES, WHEN?
REFERRED BY?		

EDUCATION

EDUCATION	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

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAMES OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NAT'L GUARD OR RESERVES

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST EMPLOYER FIRST)

Employer 1	Employed From:	To:
	Name and Address of Company:	
	Telephone:	
	Position Held:	
	Salary:	
	Reason for Leaving	
Employer 2	Employed From:	To:
	Name and Address of Company:	
	Telephone:	
	Position Held:	
	Salary:	
	Reason for Leaving	
Employer 3	Employed From:	To:
	Name and Address of Company:	
	Telephone:	
	Position Held:	
	Salary:	
	Reason for Leaving	

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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

Reference 1	Name	
	Address	
	Business	
	Years Acquainted	Telephone:
Reference 2	Name	
	Address	
	Business	
	Years Acquainted	Telephone:
Reference 3	Name	
	Address	
	Business	
	Years Acquainted	Telephone:

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NUMBER

"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, and release all parties from all liability for any damage that may result from them 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 prior notice and without cause.

DATE SIGNATURE