

APPLICATION FOR EMPLOYMENT

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

DATE _____

PERSONAL INFORMATION

NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
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 EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No.					

LAST

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		

FIRST

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		

MIDDLE

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 _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

Have you ever been convicted of a felony? YES/NO If "yes" please explain. _____

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 SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT 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			