



APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

NAME			DATE	
LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER (Last 4 only) _____	
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NUMBER		ARE YOU 18 YEARS OR OLDER	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

Height _____ feet _____ inches Are you prevented from lawfully becoming employed in the U.S.? Yes No

Weight _____ lbs. Date of Birth* _____

What Foreign Languages do you speak fluently? _____ Read _____ Write _____

Have you ever been convicted of a felony or misdemeanor with the last 5 years? ** Yes No Describe: _____

 *The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.
 ** You will not be denied employment solely because of conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO 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?

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				

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GENERAL					
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK					
US MILITARY OR NAVAL EXPERIENCE		RANK		PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	YES <input type="checkbox"/> NO <input type="checkbox"/>

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS [LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST].

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

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD:

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 LIMITATION? _____

PLEASE DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY: _____
 NAME ADDRESS PHONE NO

"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 _____

DO NOT WRITE BELOW THIS LINE					
INTERVIEWED BY				DATE	
HIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION		DEPT.	
SALARY/WAGE			DATE REPORTING TO WORK		
APPROVED					
EMPLOYMENT MANAGER			DEPT HEAD	GENERAL MANAGER	