

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE:

NAME (LAST NAME FIRST)	DATE OF BIRTH	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
EMAIL ADDRESS:			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A CRIME TO INCLUDE THAT OF MOLESTATION/ABUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN.	DATE(S) OF INCIDENT?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/EXTRACURRICULAR ACTIVITIES/SPECIAL TRAINING/SKILLS

U.S. MILITARY OR NAVAL SERVICE	RANK
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FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE/MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

CONTINUED ON OTHER SIDE

REFERENCES (GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	HOW DO YOU KNOW THEM	YEARS KNOWN	PHONE NUMBER

AUTHORIZATION

"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.

any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____

Signature: _____

Interviewed by: _____

Date: _____

DO NOT WRITE BELOW THIS LINE**REMARKS**

NEATNESS

CHARACTER

PERSONALITY

ABILITY

HIRE DATE

PROGRAM

POSITION

START DATE

SALARY

APPROVED: 1. _____ 2. _____ 3. _____
OFFICE MANAGER WEEKEND MANAGER OWNER