

# APPLICATION FOR EMPLOYMENT

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

DATE \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

ARE YOU 18 YRS OR OLDER?  YES  NO      PHONE #: \_\_\_\_\_      APARTMENT #: \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO

**EMPLOYMENT DESIRED:**

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO      IF YES, WHO ARE YOU PRESENTLY EMPLOYED WITH?: \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO      IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?  YES  NO      IF YES, WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF LAST SUPERVISOR AT THIS COMPANY: \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY?       EMPLOYMENT AGENCY       NEWSPAPER AD       FRIEND       WALKED IN

STATE EMPLOYMENT OFFICE       COLLEGE PLACEMENT SERVICE       OTHER: \_\_\_\_\_

**EDUCATION:**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YRS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OF CORRESPONDENCE SCHOOL				

**GENERAL:**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL TRAINING: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

\_\_\_\_\_

**FORMER EMPLOYERS: (LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST, BELOW)**

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR?  YES  NO

NAME AND TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE #: (     )     - \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME AND ADDRESS OF PREVIOUS EMPLOYER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR?  YES  NO

NAME AND TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE #: (     )     - \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME AND ADDRESS OF PREVIOUS EMPLOYER: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ LEAVING DATE: \_\_\_\_\_

WEEKLY STARTING SALARY: \_\_\_\_\_ WEEKLY FINAL SALARY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ MAY WE CONTACT YOUR SUPERVISOR?  YES  NO

NAME AND TITLE OF SUPERVISOR: \_\_\_\_\_ PHONE #: (     )     - \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES: GIVE BELOW THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**SERVICE RECORD:**

BRANCH OF SERVICE: \_\_\_\_\_ DISCHARGE DATE RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN NATION GUARD OR RESERVES?  YES  NO DATE OBLIGATION ENDS: \_\_\_\_\_

**SPECIAL QUESTIONS:**

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED (✓) A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT: \_\_\_\_\_ FEET \_\_\_\_\_ INCHES

ARE YOU A U.S. CITIZEN?  YES  NO

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMODATION?

JOB FUNCTION 1:

IF YOU CAN PERFORM THE FUNTION WITH AN ACCOMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WHAT WITH WHAT ACCOMODATION?

JOB FUNCTION 2:

IF YOU CAN PERFORM THE FUNCTION WITH AN ACCOMODATION, EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMODATION?

✓ DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY?  YES  NO

IF YES, PLEASE LIST:

I understand and agree that I may be required to take one or more physical examinations, lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).  Yes  No

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law.  Yes  No

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**AUTHORIZATION:**

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLIATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYEMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_