

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?

WERE YOU EVER SERIOUSLY INJURED? YES NO IF YES, PLEASE PROVIDE DETAILS:

DO YOU SPEAK ANY FOREIGN LANGUAGES FLUENTLY? YES NO IF YES, PLEASE LIST:

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO IF YES, PLEASE DESCRIBE BELOW:

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 _____