



# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER ( )	REFERRED BY:		

## EMPLOYMENT DESIRED

FULL TIME: _____ PART TIME: _____ IF PART TIME, NUMBER OF HOURS PER WEEK: _____		
WORK AVAILABILITY: DAYS: _____ EVENINGS: _____ NIGHTS: _____ WEEKENDS: _____		
PLEASE NOTE: ORIENTATION MAY INVOLVE HOURS NOT INDICATED AS NON-PREFERRED.		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY?	WHERE?	WHEN?
DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO		
DRIVER'S LICENSE NUMBER: _____		
STATE ISSUED: _____ CDL : _____ YES _____ NO		

## GENERAL INFORMATION

CAN YOU PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY & ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? _____ YES _____ NO
ARE YOU 16 YEARS OF AGE OR OLDER? _____ YES _____ NO IF NO, HOW OLD ARE YOU? _____
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME IN THE LAST TEN YEARS? (DO NOT ANSWER "YES" IF YOUR CONVICTION RECORD HAS BEEN ANNULLED, EXPUNGED OR SEALED.) _____ YES _____ NO
IF YES, EXPLAIN: _____

## MILITARY EXPERIENCE (DO NOT INCLUDE ROTC)

BRANCH OF SERVICE	RANK
FROM	TO

## EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONCE SCHOOL			

**WORK HISTORY**

**BEGIN WITH YOUR MOST RECENT JOB. LIST ALL JOBS AND ANY PERIODS OF UNEMPLOYMENT.**

NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS		PHONE	
DATES EMPLOYED: FROM TO	POSITION: STARTING ENDING	SALARY: STARTING ENDING	
Supervisor:	BRIEF DESCRIPTION OF DUTIES:		
Reason for Leaving:			

NAME OF EMPLOYER		TYPE OF BUSINESS	
ADDRESS		PHONE	
DATES EMPLOYED: FROM TO	POSITION: STARTING ENDING	SALARY: STARTING ENDING	
Supervisor:	BRIEF DESCRIPTION OF DUTIES:		
Reason for Leaving:			

NAME OF EMPLOYER		TYPE OF BUSINESS	
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DATES EMPLOYED: FROM TO	POSITION: STARTING ENDING	SALARY: STARTING ENDING	
Supervisor:	BRIEF DESCRIPTION OF DUTIES:		
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ADDRESS		PHONE	
DATES EMPLOYED: FROM TO	POSITION: STARTING ENDING	SALARY: STARTING ENDING	
Supervisor:	BRIEF DESCRIPTION OF DUTIES:		
Reason for Leaving:			

**ADDITIONAL INFORMATION**

OTHER QUALIFICATIONS:  
SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE.

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**SPECIALIZED SKILLS**

LIST EQUIPMENT OPERATED: \_\_\_\_\_

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**REFERENCES**

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

NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS KNOWN
NAME	ADDRESS & PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

**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.

I authorize investigation of all statements contained herein and the references and employers 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 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 of 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 OF INTERVIEW: \_\_\_\_\_

WITNESS (IF APPLICABLE): \_\_\_\_\_