

Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information

Name (Last Name, First Name)			Social Security No. XXX-XX-XXXX
Present Address	City	State	ZIP Code
Permanent Address	City	State	ZIP Code
Phone No.	Referred By:		

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	
Ever applied to this company before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Where?	When?

Education

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade/Business School			

General

Subjects of Special Study/Research Work or Special Training/Skills

Former Employers (Last One First)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From		\$		
To				
From		\$		
To				
From		\$		
To				

References

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Telephone No.	Years Known
1				
2				
3				

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 my pertinent information they may have.

Date _____

Signature _____

Do Not Write Below This Line

Remarks

Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary Wages

Approved: 1. _____ 2. _____ 3. _____
 Employment Manager Dept. Head General Manager