

Date: \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

**GENERAL INFORMATION**

Name (Last, First, Middle Initial)	Work Telephone	Home Telephone	Email Address	
Mailing Address	City		State	Zip Code
Permanent Address	City		State	Zip Code
Referred By				

**EMPLOYMENT DESIRED**

Position	Date You Can Start	Salary Desired
Are you Currently 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 type="checkbox"/> No		When?
Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain		
(Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)		
How did you learn about this opening?		

## EDUCATION HISTORY

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

### Education and/or Training

Did you graduate from high school or receive a GED Certificate?  Yes  No

**Higher education/training/skills:**

**Computer skills (hardware & software):**

**Related volunteer experience:**

## EMPLOYMENT HISTORY

· Start with your current or last job – include armed forces service and self-employment.

May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1.	Employer	Telephone No.	Supervisor's Name
	Type of Business	Address	
	Your Job Title	Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
	Duties:		
	Salary	Reason for Leaving	
2.	Employer	Telephone No.	Supervisor's Name
	Type of Business	Address	
	Your Job Title	Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
	Duties:		
	Salary	Reason for Leaving	
3.	Employer	Telephone No.	Supervisor's Name
	Type of Business	Address	
	Your Job Title	Dates Employed (indicate months & years) From:                      To:	Average Hours Worked Per Week
	Duties:		
	Salary	Reason for Leaving	

**REFERENCES** Give Below the Names of Three Persons Not Related to You, Whom you have known at Least One Year.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. I authorize investigation of all statements made on this application and any attachments, and I release all persons, companies, and organizations from liability for providing or receiving such information. I further understand that this employment application and other employment related documents are not contracts of employment; and, that any oral or written statements to the contrary are hereby expressly disavowed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Equal Opportunity Employer**

DO NOT WRITE BELOW THIS LINE

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**REMARKS**


Neatness	Character		
Personality	Ability		
Hired	Position	Will Report	Salary