

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

PERSONAL INFORMATION

DATE _____

NAME

Last First Middle

PRESENT ADDRESS

PERMANENT ADDRESS

PHONE NO. ARE YOU 18 YEARS OR OLDER? Yes No

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?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

EDUCATION	NAME & LOCATION OF SCHOOL	No. of Years	Did you graduate?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its members)

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

This form complies with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guideline promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE)

DATE: MONTH & YR	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM TO					
FROM TO					
FROM TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

OTHER CERTIFICATIONS & EDUCATION (COPIES OF CERTIFICATIONS MAY BE REQUESTED AT TIME OF YOUR INTERVIEW)

TITLE OF CERTIFICATION	DATE CERTIFIED

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

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application 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 with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions 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 employment for any specific period of time, or to make any agreement contrary to the foregoing.

DATE

SIGNATURE