



# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

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

Referred By: \_\_\_\_\_

### PERSONAL INFORMATION

Name (Last, First, Middle Initial) \_\_\_\_\_

Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_

Date you can start: \_\_\_\_\_

Full Time Only

Part Time Only

Salary Desired: \_\_\_\_\_

Full or Part Time

Do you have any medical conditions that would prevent you from performing the duties of the position you are applying for? (If Yes, Please explain)  
\_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your current employer?  Yes  No

How did you hear of this position? \_\_\_\_\_

### EDUCATION

Type of School	Name of School	Location (Complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. or Trade School				
Professional School				



**PREVIOUS EMPLOYMENT**

Employer Name and Address (please include city, state & zip):

Employment Dates

Pay or Salary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Start: \_\_\_\_\_

To: \_\_\_\_\_

Final: \_\_\_\_\_

Job Description:

Supervisor's Name &

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Employer Name and Address (please include city, state & zip):

Employment Dates

Pay or Salary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Start: \_\_\_\_\_

To: \_\_\_\_\_

Final: \_\_\_\_\_

Job Description:

Supervisor's Name &

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_

Employer Name and Address (please include city, state & zip):

Employment Dates

Pay or Salary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Start: \_\_\_\_\_

To: \_\_\_\_\_

Final: \_\_\_\_\_

Job Description:

Supervisor's Name &

Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

\_\_\_\_\_



**REFERENCES**

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

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN

**MILITARY**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

Do you have a valid Driver's License?  Yes  No

Do you have dependable?  Yes  No

Have you had any accidents during the past three years?  Yes  No How Many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How Many? \_\_\_\_\_

Have you ever been arrested for a crime or crimes?  Yes  No

Have those arrests resulted in a conviction or convictions?  Yes  No

Explain arrests, conviction(s), nature of offense(s) leading to arrests or conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

*I certify that my answers on this application are true and complete to the best of my knowledge. I also certify that all information contained within my resume (if provided) is true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*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.*

Signature: \_\_\_\_\_

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