

# APPLICATION FOR EMPLOYMENT

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

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME

LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

STREET CITY STATE ZIP

PERMANENT ADDRESS

STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER? Yes  No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes  No

### SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ feet \_\_\_\_\_ inches  Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Weight \_\_\_\_\_ lbs.  Date of Birth\* \_\_\_\_\_

What Foreign Languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? \*\* Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_

I understand and agree that I may be required to take one or more:  physical examination;  lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes \_\_\_\_\_ No \_\_\_\_\_

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

### 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?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH 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 THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes  No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE:

**IN CASE OF  
EMERGENCY NOTIFY**

NAME

ADDRESS

PHONE NO.

"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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

HIRED:  Yes  No

POSITION \_\_\_\_\_

DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_

EMPLOYMENT MANAGER

2. \_\_\_\_\_

DEPT. HEAD

3. \_\_\_\_\_

GENERAL MANAGER