



APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

DATE: _____

NAME: _____ SS#: _____

PRESENT ADDRESS STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES ___ NO ___

EMAIL ADDRESS: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES ___ NO ___

POSITION DESIRED: _____ START DATE: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? _____

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN _____

REFERRED BY _____

EDUCATION: NAME AND LOCATION OF SCHOOL YRS ATTENDED GRADUATED/ SUBJECTS STUDIED

GRAMMAR SCHOOL: _____

HIGH SCHOOL: _____

COLLEGE: _____

TRADE, BUSINESS OR CORRESPONDENCE SCHOOL: _____

GENERAL SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

ACTIVITIES: (CIVIC, ATHLETIC, ECT.) (exclude organization, the name of which indicate the race, creed, sex, age, marital status, color or nation of origin of members) _____

U.S. Military or Naval Service: _____ Rank: _____

Present Member of National Guard or Reserves: _____

*This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and interpretive guidance promulgated by the BEDC on July 26, 1991

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

DATE month/year Name/City of Employer Position/Salary Reason for Leaving

From: ____ To: ____

From: ____ To: ____

From: ____ To: ____

Which of these jobs did you like the best?/ Why _____

REFERENCES:

(GIVE THE NAMES OF THREE PERSONS **NOT** RELATED TO YOU WHOM YOU HAVE KNOW AT LEAST **ONE** YEAR)

NAME PHONE# YEARS KNOWN

1. _____

2. _____

3. _____

IN CASE OF AN EMERGENCY NOTIFY:

NAME: _____ RELATION: _____ PHONE NO: _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. 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 EXECUTIVE DIRECTOR AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE EXECUTIVE DIRECTOR HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: ___YES ___NO

POSITION: _____ DEPT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____
SUPERVISOR DEPT. HEAD EXECUTIVE DIRECTOR