

Application for Employment

An Equal Opportunity Employer

Pre-Employment Questionnaire

Personal Information

Name: _____ Date: _____
Last First Middle

Present Address: _____
Street City State Zip

Phone: _____ 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

Employment Desired

Position: _____ Date you can start: _____

Salary desired: _____ Are you currently employed? _____ Yes _____ No

If yes, may we inquire of your present employer? _____ Yes _____ No

Ever applied to this company before? _____ Yes _____ No

When: _____

Have you ever been convicted of a crime? _____ Are there any felony charges against you? _____

Drivers License Number: _____

Chauffer's License? _____ Yes _____ No

Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?

Referred by: _____

Education

High School: _____ No. of years: _____

College: _____ No. of years: _____

Trade, Business or Correspondence School: _____ No. of years: _____

General

Subjects of Special study or research area: _____

Special Skills:

Activities (Civic, athletic, etc. – exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation or origin of its members):

Former Employers

From: _____ To: _____
(Month and Year) (Month and Year)

Name and Address of Employer: _____

Position: _____ Salary: _____

From: _____ To: _____
(Month and Year) (Month and Year)

Name and Address of Employer: _____

Position: _____ Salary: _____

From: _____ To: _____
(Month and Year) (Month and Year)

Name and Address of Employer: _____

Position: _____ Salary: _____

Which of these jobs did you like the best: _____

What did you most like about the job: _____

Reference: (Give the names of 3 persons not related to you, whom you have known at least one year)

Name: _____

Phone Number: _____

Address: _____

Business: _____

No. of years known: _____

Name: _____

Phone Number: _____

Address: _____

Business: _____

No. of years known: _____

Name: _____

Phone Number: _____

Address: _____

Business: _____

No. of years known: _____

In case of an emergency notify:

Name: _____ Relationship: _____

Address: _____ Phone number: _____