

APPLICATION FOR EMPLOYMENT

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

DATE _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MI

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES NO PHONE NUMBER CELL PHONE

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE 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 CONTACT PRESENT EMPLOYER?

EVER APPLIED FOR THIS COMPANY BEFORE? WHERE? WHEN?

EVER WORKED FOR THIS COMPANY BEFORE? WHERE? WHEN?

REASON FOR LEAVING _____

NAME OF LAST SUPERVISOR AT THIS COMPANY? _____

WHO REFERRED YOU TO THIS COMPANY? EMPLOYMENT AGENCY? NEWSPAPER AD? OTHER?

EDUCATION

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

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

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

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

WEEKLY STARTING SALARY _____ WEEKLY FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT YOUR SUPERVISOR? _____

NAME AND TITLE OF SUPERVISOR _____ PHONE NUMBER _____

DESCRIPTION OF WORK _____

REASON FOR LEAVING _____

REFERENCES: GIVE BELOW 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.			

SERVICE RECORD

BRANCH OF SERVICE _____ DISCHARGE DATE RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____ DATE OBLIGATION ENDS _____



INTERVIEWED BY _____ DATE _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	



INTERVIEWED BY _____ DATE _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	



INTERVIEWED BY _____ DATE _____

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	



HIRED _____ FOR DEPT. _____ POSITION _____

SALARY _____
WAGES _____ WILL REPORT _____

APPROVED: 1. _____
EMPLOYMENT MANAGER _____ DATE _____

APPROVED: 2. _____
DEPARTMENT MANAGER _____ DATE _____

APPROVED: 3. _____
GENERAL MANAGER _____ DATE _____