



# APPLICATION FOR EMPLOYMENT

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

## Personal Information

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ Are you 18 years of age or older? \_\_\_\_\_

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

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so may we inquire w/present employer? \_\_\_\_\_

Ever applied with this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

EDUCATION	NAME & 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 but less than 70 years of age.

## GENERAL

Subjects of special study or research work: \_\_\_\_\_

US Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present membership in National Guard or Reserves \_\_\_\_\_

**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 limitations?

In case of emergency please notify \_\_\_\_\_  
Name Address Phone

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 any prior notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Hired? \_\_\_\_\_ Position \_\_\_\_\_ Dept. \_\_\_\_\_

Salary / Wage \_\_\_\_\_ Date reporting to work \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Supervisor Director