

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

Date _____

NAME _____ SOCIAL SECURITY # _____
 LAST FIRST M. I.

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER? YES 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 _____ DESIRED SALARY _____

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

ARE YOU EMPLOYED NOW? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

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

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

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

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

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

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

DATE MONTH & YEAR	NAME & 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	PHONE NUMBER	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NUMBER

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

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States.