



because we care

**APPLICATION FOR EMPLOYMENT
Pre-Employment Questionnaire
An Equal Opportunity Employer**

PERSONAL INFORMATION

Name (Last Name First)				
Present Address	Apt. No.	City	State	Zip
Permanent Address	Apt. No.	City	State	Zip
Are You 18 Years Or Older? ____ Yes ____ No	Phone (Include Area Code) ()			

DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have Your Ever Applied At This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Have Your Ever Worked For This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason For Leaving?		
Name Of Last Supervisor At This Company?		
Who Referred You To This Company?		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Friend
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Walk In <input type="checkbox"/> Other

EDUCATION

SCHOOL LEVEL	LOCATION AND NAME	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

Subject of special study or research work
Special training
Special skills

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YOUR ACQUAINTANCE
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE / RANK

HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> No IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"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 HERIN AND THE REFERENCE AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

I _____ NEVER HAVE BEEN SHOWN BY CREDIBLE EVIDENCE (e.g. A COURT OR JURY, A DEPARTMENT INVESTIGATION, OR OTHER RELIABLE EVIDENCE) TO HAVE ABUSED, NEGLECTED, SEXUALLY ASSAULTED, EXPLOITED, OR DEPRIVED ANY PERSON OR TO HAVE SUBJECTED ANY PERSON TO SERIOUS INJURY AS A RESULT OF INTENTIONAL OR GROSSLY NEGLIGENT MISCONDUCT.

DATE

SIGNATURE