

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE _____ DOB: _____ / _____ / _____ DL# _____
MONTH DAY YEAR NUMBER STATE

NAME _____ SS# _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO
PLEASE CIRCLE

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO
PLEASE CIRCLE

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START? _____

ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYEE? _____

HAVE YOU EVER BEEN EMPLOYED WITH US OR APPLIED WITH US BEFORE? _____

PLEASE EXPLAIN _____

REFERRED BY _____

HAVE YOU BEEN COVINCTED OF A FELONY WITHIN THE LAST 7 YEARS? _____

CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICATN FROM EMPLOYMENT

IF YES, PLEASE EXPLAIN _____

CAN YOU TRAVEL IF THE JOB REQUIRES? _____

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employer	Dates Employed	Work Performed
Address	Telephone Number(s)	Job Title
Supervisor	Reason for Leaving	Hourly Rate/Salary Starting/Final

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Please list professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. _____ YES _____ NO

References

1. _____ (_____) _____
Name Phone #

_____ Address

2. _____ (_____) _____
Name Phone #

_____ Address

3. _____ (_____) _____
Name Phone #

_____ Address

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless other-wise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? _____

