



APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

DATE _____

Name

LAST

FIRST

MIDDLE

Social Security Number

Email address

Present Address

STREET

CITY

STATE

ZIP

Permanent Address

STREET

CITY

STATE

ZIP

Phone No.

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:

Salary Desired: \$

Are you employed now?

If so, may we inquire of your present employer?

Ever applied to this company before?

Where?

When?

Referred By:

| EDUCATION | Name And Location of School | No Of Years Attended | Did You Graduate? | Subjects Studied |
|--|-----------------------------|----------------------|-------------------|------------------|
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

GENERAL

Studies of Special Study or Research Work: _____

Special Skills/Certifications:

FORMER EMPLOYERS

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

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------------|---------------------------------|--------|----------|-----------------------|
| FROM | | | | |
| TO | | | | |
| 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 | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Signature of Applicant

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

“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 IT’S PRESIDENT, AND THEN ONLY WHEN IN WRONG 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