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APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION:

DATE _____

NAME LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS STREET CITY STATE ZIP

PERMANENT ADDRESS STREET CITY STATE ZIP

PHONE NO. ARE YOU 18 YEARS OR OLDER Yes No

LICENCE # STATE CLASS

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE US? YES NO

DATE OF BIRTH PLACE OF BIRTH

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO

DESCRIBE:

*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.

**YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

EMPLOYMENT DESIRED:

POSITION DATE YOU CAN START WAGE/SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER?

EVER APPLIED WITH THIS COMPANY BEFORE? WHERE? WHEN?

EDUCATION:

NAME AND LOCATION OF SCHOOL *NO. OF YEARS ATTENDED DID YOU GRADUATE? SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE BUSINESS OR CORRESPONDENCE SCHOOL

GENERAL:SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

US MILITARY
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

FORMER EMPLOYERS: (Please list your three most recent employers).

DATE
MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER WAGE/SALERY
1)FROM -
TO-

POSITION

REASON FOR LEAVING

DATE
MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER WAGE/SALERY
2)FROM -
TO-

POSITION

REASON FOR LEAVING

DATE
MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER WAGE/SALERY
3)FROM -
TO-

POSITION

REASON FOR LEAVING

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.			

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 LIMITATION? _____

PLEASE DESCRIBE: _____

DO YOU USE TABACCO PRODUCTS? YES/NO IF YES PLEASE EXPLAIN: _____

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

SKILLS:

Please describe your level of experience as it pertains to the job you are applying for. Take time to mention all levels of experience and how comfortable you would be leading a group to perform specific tasks.

"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 LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NOT DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE