

# APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT QUESTIONNAIRE • AN EQUAL OPPORTUNITY EMPLOYER**

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PRESENT ADDRESS			APT #
CITY	STATE	ZIP	
HOME PHONE #	CELL PHONE #		

## 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 CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU 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"/> INTERNET SEARCH
		<input type="checkbox"/> OTHER

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

## FORMER EMPLOYERS

LIST BELOW THE 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**

LIST BELOW THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO AND WHOM YOU HAVE KNOWN AT LEASE ONE YEAR:

	<b>NAME</b>	<b>BUSINESS</b>	<b>ADDRESS &amp; PHONE</b>	<b>YEARS ACQUAINTED</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				

**SERVICE RECORD**

<b>BRANCH OF SERVICE</b>	<b>RANK</b>	<b>DISCHARGE DATE</b>

**IN CASE OF EMERGENCY CONTACT**

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>

**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 herein and the references 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.

Neither the offer and acceptance of employment nor the establishment and maintenance of operating policies and procedures by employer create a contract of employment. The employment relationship is terminable at any time at the will of either the employee or the employer and without the need to indicate a specific reason or cause.

The existence of a landlord-tenant relationship between the employer and employee, whether by written Lease or otherwise, does not affect the employment relationship. Any notice required under a written Lease, or under Landlord-Tenant Law, shall not be required to terminate employment or to modify the terms and conditions of employment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DO NOT WRITE ON THIS PAGE – FOR INTERVIEWER’S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS:	

INTERVIEWED BY	DATE
COMMENTS:	

INTERVIEWED BY	DATE
COMMENTS:	

HIRED (DATE) FOR DEPT		FOR POSITION
SALARY WAGES		WILL REPORT
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE