

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____
SOCIAL SECURITY NO. _____
PRESENT ADDRESS _____ CITY _____
STATE _____ ZIP _____
PERMANENT ADDRESS _____ CITY _____
STATE _____ ZIP _____
PHONE NO. (____) _____
REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____
ARE YOU EMPLOYED? YES ____ NO ____
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ____ NO ____
EVER APPLIED TO THIS COMPANY BEFORE? YES ____ NO ____
WHERE? _____ WHEN? _____

EDUCATION HISTORY PLEASE LIST THE NAME AND LOCATION OF SCHOOL

GRAMMAR SCHOOL _____
HIGH SCHOOL _____
YEARS ATTENDED _____ DID YOU GRADUATE? _____
COLLEGE _____
YEARS ATTENDED _____ DID YOU GRADUATE? _____
SUBJECTS STUDIED _____
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL _____
YEARS ATTENDED _____ DID YOU GRADUATE? _____
SUBJECTS STUDIED _____

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING/SKILLS

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME & LOCATION OF EMPLOYER _____

START DATE: _____ END DATE _____

SALARY _____ POSITION _____

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER _____

START DATE: _____ END DATE _____

SALARY _____ POSITION _____

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER _____

START DATE: _____ END DATE _____

SALARY _____ POSITION _____

REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER _____

START DATE: _____ END DATE _____

SALARY _____ POSITION _____

REASON FOR LEAVING _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

NAME _____ CONTACT INFO _____

RELATION _____ YEARS KNOWN _____

NAME _____ CONTACT INFO _____

RELATION _____ YEARS KNOWN _____

NAME _____ CONTACT INFO _____

RELATION _____ YEARS KNOWN _____

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 authorized investigation of all statements contained herein 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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____