

APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION

DATE:

SOCIAL SECURITY NUMBER:

Legal Name				
Physical Address	Street	City	State	Zip Code
Mailing Address	Street or Box Number	City	State	Zip Code
Home Phone:		Cell Phone:		Are you 18 years or older? Yes or No

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

EMPLOYMENT DESIRED

Position	Date you can start.	Salary Desired
Are you employed now? Yes or No		If so, may we contact your present employer?
Have you ever applied to this company before? Yes or No		Where When
Referred By:		

EDUCATION

Name and Location of School	No. of Years Attended	Did you Graduate? Yes or No	Subjects Studied
Grammar			
High School			
College			
Trade, Business or Correspondence			

GENERAL

Subjects of Special Study or Research Work
Special Skills
Activities: (Civic, Athletic, ETC.) Exclude organizations, the names of which indicate the race, creed, sex, age, marital status, color or nation of origin of its members.
U.S. Military Or Naval Service Rank Present membership in National Guard or Reserves

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FORMER EMPLOYERS				
(List below your last three employers, starting with last one first.)				
Date Month and Year	Name and Address of Employer, Phone #	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
Which of these jobs did you like best?				
What did you like most about this job?				
REFERENCES				
(Give the names of three persons not related to you, whom you have known at least one year.)				
Name	Address & Phone	Business	Years	
1.				
2.				
3.				
EMERGENCY NOTIFICATION				
Name	Address	Phone		

I certify that all the information submitted by me on this application is true and complete. 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 its president, and then only when in writing 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 _____

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