

# Application For Employment

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

## Personal Information

Name:

Date:

Present Address:

Permanent Address:

Phone Number:

Are you 18 years or older? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or immigration? ☐ Yes ☐ No

## Employment Position Desired:

Position:

Available Start Date:

Are you currently employed? ☐ Yes ☐ No If yes, may we inquire of your present employer?

Ever applied to this company before? ☐ Yes ☐ No If yes, when?

Referred by:

Education:	Name and location of school	*No. of years attended	*Did you graduate?	Subjects Studied
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## General:

Subjects of special study or research work

Special Skills

Activities:  
(Civic, Athletic, etc)

(Exclude organizations, the name of which indicates 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? ☐ Yes ☐ No

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

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**Former Employers:** (List below last three employers with last one first.)

Date: Month/Year	Name/address of employers:	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:	Business:	Years Acquainted:
1.			
2.			
3.			

Signature of Applicant:

In case of Emergency Notify:

Name:	Address:	Phone Number:
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"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:
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