

Application for Employment

(Pre-employment questionnaire)

An equal opportunity employer

Date _____

Social Security No. _____

Name _____

Last First Middle

Present address _____

Street City State ZIP

Permanent address _____

Street City State ZIP

Phone no. _____ Are you 18 years or older? Yes No

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

Employment desired Date you can start Salary desired

Position _____ If so, may we inquire of your present employer? _____

Are you employed now? _____

Ever applied to this company before? Where? When?

Referred by _____

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 _____

Special skills _____

Activities (civic, athletic, etc.)

Exclude organizations the name of which indicates race, creed, sex, age, marital status, color or nation of origin

U.S. military or naval service Rate/rank Presently a member in national guard or reserves?

This form complies with the Americans with Disabilities Act and the final regulations and interpretive guidance Promulgated by the EEOC on July 26, 1991.

(Continued on second page)

Former Employers (List below last three employers, starting with last one first.)

Date		Name and address of employer	Salary	Position	Reason for leaving
Month and year					
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 a year.

	Name	Address	Business/profession	Years known
1				
2				
3				

"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 its president, and then only 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 _____

Do not write below this line

Interviewed by _____ Date _____

Remarks _____

Appearance _____ Ability _____

Hired? Yes No Position _____ Dept. _____

Salary/wage _____ Date reporting to work _____

Approved _____

Supervisor/Manager

Human Resources

President