**APPLICATION FOR EMPLOYMENT**

Pre-employment Questionnaire

Equal Opportunity Employer

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **LAST NAME:** | **FIRST NAME:** | **SOCIAL SECURITY NO:** |
| **PRESENT ADDRESS:** | **CITY:** | **STATE:** | **ZIP CODE:** |
| **PERMANENT ADDRESS:** | **CITY:** | **STATE:** | **ZIP CODE:** |
| **PHONE (INCLUDE AREA CODE):** | **CELL PHONE (INCLUDE AREA CODE):** | **REFERRED BY:** |

**EMPLOYMENT DESIRED**

|  |  |  |
| --- | --- | --- |
| **POSITION:**  | **DATE YOU CAN START:** | **SALARY DESIRED:** |
| **HAVE YOU APPLIED TO THIS COMPANY BEFORE?**  | **□ YES □ NO** | **WHERE?** | **WHEN?** |

**EMPLOYMENT HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **ARE YOU NOW EMPLOYED?** | **□ YES □ NO** | **IF SO, MAY WE CONTACT YOUR EMPLOYER?** | **□ YES □ NO** |

**LIST YOUR LAST 4 EMPLOYERS, STARTING WITH THE MOST-RECENT ONE FIRST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYMENT DATE****(MONTH/YEAR)** | **EMPLOYER NAME AND ADDRESS** | **SALARY** | **POSITION** | **REASON FOR LEAVING** |
| **1** | **FROM:** |  |  |  |  |
|  **TO:** |
| **2** | **FROM:** |  |  |  |  |
|  **TO:** |
| **3** | **FROM:** |  |  |  |  |
|  **TO:** |
| **4** | **FROM:** |  |  |  |  |
|  **TO:** |

**REFERENCES**

**LIST 3 PEOPLE NOT RELATED TO YOU AND WHOM YOU HAVE KNOWN AT LEAST 1 YEAR**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME/PHONE** | **ADDRESS** | **BUSINESS** | **NUMBER OF YEARS KNOWN** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

**AUTHORIZATION**

By my signature below, 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. I authorize 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**. I UNDERSTAND A PRE-EMPLOYMENT DRUG SCREEN WILL BE REQUIRED.**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  | SIGNATURE: |  |

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| **INTERVIEWED BY:** | **DATE:** |
| **NOTES:** |
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| **NEATNESS:** |  | **CHARACTER:** |  |
| **PERSONALITY:** |  | **ABILITY:** |  |
| **PASSED DRUG SCREEN?** | **□ YES □ NO** |
| **DATE EMPLOYMENT OFFERED:** | **POSITION OFFERED:** | **WAGE:** | **START DATE:** |

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  | HIRING MANAGER SIGNATURE: |  |