

# APPLICATION FOR EMPLOYMENT

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

DATE \_\_\_\_\_

## PERSONAL INFORMATION

NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NO.	APARTMENT NO.	
IN CASE OF EMERGENCY NOTIFY					
NAME		ADDRESS		PHONE NO.	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?				<input type="checkbox"/> YES <input type="checkbox"/> NO	

LAST

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> OTHER
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN <input type="checkbox"/> FRIEND

FIRST

MIDDLE

## EDUCATION

SCHOOL LEVEL	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

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SPECIAL TRAINING

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SPECIAL SKILLS

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**FORMER EMPLOYERS** [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST]

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

WEEKLY STARTING SALARY

WEEKLY FINAL SALARY

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

**REFERENCES:** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	BUSINESS	YEARS ACQUAINTED
1		
2		
3		

**SERVICE RECORD**

BRANCH OF SERVICE

DISCHARGE DATE  
RANKPRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVESDATE  
OBLIGATION ENDS