

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE \_\_\_\_\_

|                        |             |                     |          |
|------------------------|-------------|---------------------|----------|
| NAME (LAST NAME FIRST) |             | SOCIAL SECURITY NO. |          |
| PRESENT ADDRESS        | CITY        | STATE               | ZIP CODE |
| PERMANENT ADDRESS      | CITY        | STATE               | ZIP CODE |
| PHONE NO.<br>(      )  | REFERRED BY |                     |          |

## EMPLOYMENT DESIRED

|   |  |  |
|---|--|--|
| POSITION  | DATE YOU CAN START   | SALARY DESIRED   |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO                | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?   | WHEN?  |

## EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL                | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|----------------|-------------------|------------------|
| HIGH SCHOOL                              |                |                   |                  |
| COLLEGE                                  |                |                   |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                |                   |                  |

## Availability

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## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |
| FROM                |                            |        |          |                    |
| TO                  |                            |        |          |                    |