

## APPLICATION FOR EMPLOYMENT

### PRE-EMPLOYMENT QUESTIONNAIRE --- AN EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_  

LAST
FIRST
MIDDLE

ADDRESS: \_\_\_\_\_  

STREET
CITY
STATE
ZIP CODE

APARTMENT NUMBER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  

NAME
ADDRESS
PHONE NUMBER

**EMPLOYMENT DESIRED & AVAILABILITY**

WHAT DEPARTMENT WOULD YOU PREFER?  OFFICE  PLANT  DISTRIBUTION  FLUSHING  MAINTENANCE

WHAT CATEGORY WOULD YOU PREFER?  FULL-TIME  PART-TIME  TEMPORARY  LABOR POOL

WHAT SCHEDULES CAN YOU WORK:  WEEKDAYS  WEEKENDS  EVENINGS  NIGHTS  OVERTIME  SHIFTS  OTHER

POSITION: \_\_\_\_\_ STARTING DATE: \_\_\_\_\_ SALARY DESIRED: \$ \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IS SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO

HAVE YOU EVER APPLIED AT OUR COMPANY BEFORE?  YES  NO WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

HAVE YOU WORKED FOR OUR COMPANY BEFORE?  YES  NO WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

NAME OF LAST SUPERVISOR AT THIS COMPANY: \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY?  EMPLOYMENT AGENCY  NEWSPAPER ADVERTISEMENT  OTHER  STATE UNEMPLOYMENT AGENCY

COLLEGE PLACEMENT SERVICE  FRIEND

**EDUCATION**

SCHOOL LEVEL: (CIRCLE HIGHEST GRADE COMPLETED) 10 11 12 13 14 15 16

SCHOOL LEVEL	LOCATION:	DATES:	GRADUATE?	IF GED, INDICATE YEAR
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

**FORMER EMPLOYERS (LIST LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

ARE YOU CURRENTLY WORKING  YES  NO IF YES MAY WE CONTACT CURRENT EMPLOYER?  YES  NO

COMPANY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE EMPLOYED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ SPECIFY: PER WEEK \_\_\_\_\_ / MONTH \_\_\_\_\_ / YEAR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME /TITLE OF SUPERVISOR \_\_\_\_\_ SUPERVISOR PHONE NUMBER \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THE JOB? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT THE JOB? \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ SPECIFY: PER WEEK / MONTH / YEAR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME /TITLE OF SUPERVISOR \_\_\_\_\_ SUPERVISORS PHONE NUMBER \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THE JOB? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT THE JOB? \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: \$ \_\_\_\_\_ SPECIFY: PER WEEK / MONTH / YEAR \_\_\_\_\_

JOB TITLE \_\_\_\_\_ NAME /TITLE OF SUPERVISOR \_\_\_\_\_ SUPERVISORS PHONE NUMBER \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THE JOB? \_\_\_\_\_

WHAT DID YOU LIKE LEAST ABOUT THE JOB? \_\_\_\_\_

DUTIES: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**REFERENCES: (INCLUDE ONLY INDIVIDUALS FAMILIAR WITH YOUR WOK ABILITY, EXCLUDE RELATIVES)**

NAME	ADDRESS	PHONE	YEARS KNOWN	RELATIONSHIP
1.				
2.				
3.				

---

---

**JOB RELATED SKILLS: (COMPLETE ONLY THOSE SECTIONS WHICH ARE JOB RELATED)**

---

**LIST SKILLS, LICENSES, CERTIFICATED OR TRAINING:**

---

**LIST LANGUAGES IN WHICH YOU ARE FLUENT:**

**IF THE JOB REQUIRES, DO YOU HAVE A**

VALID DRIVERS LICENSE?  YES  NO CLASS \_\_\_\_\_ STATE \_\_\_\_\_

DO YOU HAVE DRIVING VIOLATIONS:  YES  NO IF YES, DESCRIBE \_\_\_\_\_

HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE JOB EXPLAINED?  YES  NO

DO YOU UNDERSTAND THE REQUIREMENTS?  YES  NO

CAN YOU PERFORM THE REQUIREMENTS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?  YES  NO

WE ARE A NON-SMOKING COMPANY AND THE BUILDING IN WHICH WE ARE LOCATED IS NON-SMOKING. DO YOU SMOKE?  YES

HAVE YOU BEEN CONVICTED OF A FELONY? \*\*  YES  NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\*\* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

---

---

**RELEASE AND AUTHORIZATION**

*I CERTIFY THAT I HAVE READ AND UNDERSTAND THE APPLICANT NOTE ON PAGE ONE OF THIS FORM AND THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.*

*I AUTHORIZE THE COMPANY AND/OR ITS AGENTS, INCLUDING CONSUMER REPORTING BUREAUS TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO, CRIMINAL HISTORY AND MOTOR VEHICLE DRIVING RECORDS, I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND AND HEREBY RELEASE ANY SAID PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING THIS INFORMATION.*

*I ALSO UNDERSTAND THAT THE USE OF ILLEGAL DRUGS IS PROHIBITED DURING MY EMPLOYMENT. IF COMPANY POLICY REQUIRES, I AM WILLING TO SUBMIT TO DRUG TESTING TO DETECT THE USE OF ILLEGAL DRUGS PRIOR TO AND DURING EMPLOYMENT.*

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_