

Application For Employment

DATE: ____/____/____

Pre-Employment Questionnaire / Equal Opportunity Employer

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)		SOCIAL SECURITY NO. - -	
PRESENT ADDRESS		CITY	STATE ZIP CODE
HOME PHONE ()	CELL PHONE ()	REFERRED BY	

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	HOURLY WAGE DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOU PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A.? <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				
OTHER				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS
U.S. MILITARY OR NAVAL SERVICE

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

DATE (MNTH & YR.)	NAME & PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

“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 and 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature:	Date:
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-----DO NOT WRITE BELOW THIS LINE-----

INTERVIEW

Allow applicant to look over the Employee Job Description, ask them the following: (If there is no Employee Job Description, then outline the basic requirements of the job including responsibilities)										
1. Do you have any questions concerning the job description you/we just read/discussed:										<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide explanation and note applicant’s questions below:										
2. Are there any policies or procedures you would have difficulty adhering too or performing on a daily basis:										<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, note applicant’s objections/concerns below:										
3. How many days do you need or prefer to work?										
What is your availability?										
<input type="checkbox"/> Mon.	<input type="checkbox"/> Tue.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thu.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.				
Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift	Time Or Shift
4. Do you have any plans to go away in the next six (6) months?										<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when:										
5. Are there any other questions/comments/concerns you would like to raise before we conclude:										<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, address any questions/comments/concerns and list below:										
Item	Below Average			Average				Above Average		
Experience Rating:	1	2	3	4	5	6	7	8	9	10
Personality Rating:	1	2	3	4	5	6	7	8	9	10
Appearance Rating:	1	2	3	4	5	6	7	8	9	10
Overall Rating:	1	2	3	4	5	6	7	8	9	10
Interviewed By:		Date:			<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired			Agreed Upon Hourly Wage:		
					Start Date:					