



# EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE • AN EQUAL OPPORTUNITY EMPLOYER • PLEASE PRINT CLEARLY

## PERSONAL EMPLOYMENT

LAST NAME		FIRST NAME		MI	SOC. SEC. NO.		DATE:	
CONTACT NUMBER	STREET ADDRESS			APT	CITY	STATE	ZIP CODE	
ARE YOU UNDER THE AGE OF 21? <input type="checkbox"/> YES <input type="checkbox"/> NO				HAVE YOU EVER BEEN CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES" LIST DATE OF BIRTH: MO: DAY: YEAR:				EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME				
DESIRED POSITION(S):		HOURS AVAILABLE						
		SUN	MON	TUES	WED	THU	FRI	SAT
SALARY DESIRED:		FROM						
DATE YOU CAN START:		TO						
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					
EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHERE?			WHEN?		

REFERRED BY:

## EDUCATION (name & location of school) NO. OF YEARS ATTENDED DID YOU GRADUATE DEGREE

EDUCATION (name & location of school)	NO. OF YEARS ATTENDED	DID YOU GRADUATE	DEGREE
GRAMMAR SCHOOL:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT (List most recent job first)

COMPANY:	ADDRESS:	NAME OF SUPERVISOR:			
JOB TITLE/DUTIES PERFORMED:	PHONE #:	FROM:	TO:		
		DAY MO YR	DAY	MO	YR
REASONS FOR LEAVING		STARTING PAY \$:	ENDING PAY \$:		
COMPANY:	ADDRESS:	NAME OF SUPERVISOR:			
JOB TITLE/DUTIES PERFORMED:	PHONE #:	FROM:	TO:		
		DAY MO YR	DAY	MO	YR
REASONS FOR LEAVING		STARTING PAY \$:	ENDING PAY \$:		

## PERSONAL REFERENCES (No Former employers or relatives)

NAME:	RELATIONSHIP or TITLE	PHONE #:
NAME:	RELATIONSHIP or TITLE	PHONE #:

## SIGNATURE

• I CERTIFY THAT THE FACTS CONTAINED IN THE 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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE.  
 • ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM FURNISHING SAME TO YOU.  
 • I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE