Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

LAST NAME | FIRST | MIDDLE INITIAL

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED

ARE YOU EMPLOYED NOW? ☐ YES ☐ NO | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? ☐ YES ☐ NO

EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO | WHERE | WHEN

EVER WORKED FOR THIS COMPANY BEFORE? ☐ YES ☐ NO | WHERE | WHEN

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

HOW DID YOU FIND OUT ABOUT THIS POSITION? ☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISING ☐ FRIEND ☐ ONLINE AD ☐ OTHER _____
☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALK IN ☐ WEBSITE _____

Education History

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

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK

SPECIAL TRAINING, CERTIFICATIONS, LICENSES

SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? ☐ YES ☐ NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers *(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)*

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY $	WEEKLY FINAL SALARY $	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY $	WEEKLY FINAL SALARY $	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY $	WEEKLY FINAL SALARY $	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References *(LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)*

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

*DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS **CHECKED THE BOX PRECEDING** A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.*

☐ Height _____ Feet _____ Inches ☐ Weight _____ Lbs. ☐ Are you a U.S. citizen? ☐ Yes ☐ No

Have you been convicted of a ☐ Felony or ☐ Misdemeanor within the last 5 years? ☐ Yes ☐ No. 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.

☐ I understand and agree that I may be required to take one or more: ☐ physical examination; ☐ drug test; ☐ lie detector test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). ☐ Yes ☐ No

☐ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. ☐ Yes ☐ No

☐ Are you able to perform each of the following job functions with or without an accomodation?

JOB FUNCTION #1 _____ ☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

_____

_____

JOB FUNCTION #2 _____ ☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

_____

_____

JOB FUNCTION #3 _____ ☐ Yes ☐ No

If you can perform the function with an accommodation, explain how you would perform the tasks, and with what accommodation?

_____

_____

☐ Were you ever seriously injured? ☐ Yes ☐ No Give details. _____

_____

☐ What foreign languages do you speak fluently? _____

What foreign languages do you write fluently? _____

What foreign languages do you read fluently? _____

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."

_____ DATE

_____ SIGNATURE