

# Application for Employment

Pre-Employment Questionnaire  
Equal Opportunity Employer

Office Use Only:  
Date: \_\_\_\_\_  
Hired YES or NO  
Pay Rate: \_\_\_\_\_

Date: \_\_\_\_\_

## Personal Information:

Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

## Employment Desired:

Position: \_\_\_\_\_

Date you can Start: \_\_\_\_\_

Employed? Yes or No

Salary Desired: \_\_\_\_\_

If so, may we inquire of your present Employer? Yes or No

Do you have a valid Driver's License? Yes or No

## Education:

	Name & Location of School	Yrs. Attended	Graduate	Subject Studied
High School				
College or Voc.				

## General:

Special Training or Experience: \_\_\_\_\_  
\_\_\_\_\_

## Former Employers:

(List below the last four employers starting with the last one first.)

Date Month and Year	Name & Address of Employer	Salary	Position	Reason Leaving
From: To:				
From: To:				
From: To:				
From: To:				

## References:

Give below the Names of the Three Persons Not Related you, Whom You Have Known at Least One Year.

Names	Address	Phone#	Business	Yrs.
1.				
2.				
3.				

"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."

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Affirmative Action & EEO Compliance Reports required  
By the state of Kentucky**

We are required to ask for the following information on a voluntary basis to be detached and recorded separately.

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Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_

Veteran            Yes or No

Convicted Felon      Yes or No

I prefer to Not Participate (check)

Signature \_\_\_\_\_

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**For office use**

Hired? Yes or No \_\_\_\_\_

Reason \_\_\_\_\_