



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?	PHONE NUMBER		

FIRST NAME:

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED	
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER) <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
WHO REFERRED YOU TO THE COMPANY?			
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> SOCIAL MEDIA	<input type="checkbox"/> FRIEND
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> WALK IN	<input type="checkbox"/> OTHER

MIDDLE NAME:

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL (CITY, STATE)	NO. OF YEARS ATTENDED	GRADUATED?	SUBJECTS STUDIED
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	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

LAST NAME:

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
PRESENT ADDRESS		CITY	STATE
START DATE		LEAVING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

FIRST NAME:

NAME OF PRESENT OR LAST EMPLOYER			
PRESENT ADDRESS		CITY	STATE
START DATE		LEAVING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

MIDDLE NAME:

NAME OF PRESENT OR LAST EMPLOYER			
PRESENT ADDRESS		CITY	STATE
START DATE		LEAVING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

LAST NAME:

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS NAME	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK
ACQUIRED SKILLS / DUTIES	

CRIMINAL BACKGROUND

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE (5) YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN BELOW (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

BY SIGNING BELOW, 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 TERMINATION.

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: _____

RETURN COMPLETED APPLICATION
BY MAIL TO:

HUMAN RESOURCES
263 HIGH POINT DRIVE
BUCKHANNON WV 26201

OR

DELIVER COMPLETED APPLICATION
IN PERSON TO:

189 PANTHER DRIVE
BUCKHANNON WV
MON-THU 9A-12P OR 1P-4P

FIRST NAME:

MIDDLE NAME:

LAST NAME:

FOR INTERVIEWER'S USE ONLY

DO NOT WRITE ON THIS PAGE

INTERVIEWED BY:	DATE:
COMMENTS:	

FIRST NAME:

INTERVIEWED BY:	DATE:
COMMENTS:	

MIDDLE NAME:

INTERVIEWED BY:	DATE:
COMMENTS:	

LAST NAME:

HIRE DATE FOR DEPARTMENT:	FOR POSITION:
SALARY / WAGES:	WILL REPORT DATE:
APPROVED BY:	APPROVAL DATE:
APPROVED BY:	APPROVAL DATE: