

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
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? <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	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING	NAME OF LAST SUPERVISOR AT THIS COMPANY	
HOW DID YOU FIND OUT ABOUT THIS POSITION?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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?	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

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?	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

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?	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Special Purpose Questions

DATE: _____

FIRST NAME: _____ LAST NAME: _____

DRIVER'S LICENSE # : _____

DRIVER'S LICENSE STATE : _____

HAS YOUR LICENSE EVER BEEN REVOKED (SUSPENDED)? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? (YES OR NO) _____

IF YES, 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.

MATH PROBLEMS (NO CALCULATORS PLEASE) :

9 TIMES 8= _____

9 1/2 TIMES 8= _____

8 1/2 TIMES 9= _____

SQUARE ROOT OF 9= _____

CUBE ROOT OF 125= _____

WHAT ARE YOUR HOBBIES? _____

DO YOU USE SOCIAL MEDIA (FACEBOOK, TWITTER, ETC)? _____

DO YOU SMOKE? _____

CHECK AREAS WHERE YOU HAVE WORK EXPERIENCE :

- | | |
|---------------------------------------|---------------------------|
| _____ WAREHOUSE | _____ ACCOUNTS RECEIVABLE |
| _____ INVENTORY CONTROL | _____ ACCOUNTS PAYABLE |
| _____ FORKLIFT | _____ IT (COMPUTER) |
| _____ PALLET JACKS | _____ PURCHASING |
| _____ SHIPPING & RECEIVING | _____ MAINTENANCE |
| _____ TRUCK DRIVER | _____ WELDING |
| _____ TYPE OF LICENSE (CDL CLASS A,B) | _____ MANAGEMENT |

COMPUTER SOFTWARE TRAINING :

- | | |
|---------------|------------|
| _____ WINDOWS | _____ WORD |
| _____ EXCEL | _____ PC |

DO YOU EVER BUY OR SELL ON EBAY OR AMAZON? _____

DO YOU LIKE TO WORK WITH YOUR HANDS: REPAIR AUTOS, WOODWORK, HOME REPAIRS? _____

DO YOU KNOW ANYONE WHO WORKS AT A LOCAL MANUFACTURING PLANT? _____

HAVE YOU EVER SIGNED A NON-COMPETE AGREEMENT WITH AN EMPLOYER? _____

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

1. Name _____ Address _____ Business _____ Phone Number _____
2. Name _____ Address _____ Business _____ Phone Number _____
3. Name _____ Address _____ Business _____ Phone Number _____

Authorization

<p>“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.</p> <p>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.</p> <p>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.</p> <p>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.”</p> <p>_____</p> <p>DATE _____ SIGNATURE</p>
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SUBMIT