

# APPLICATION FOR EMPLOYMENT



DATE \_\_\_\_\_

PRE-EMPLOYMENT  
QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

**MUST BE 16+ YEARS OLD TO APPLY**

PERSONAL INFORMATION

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ RATE DESIRED? \_\_\_\_\_

ARE YOU EMPLOYED?  YES  NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO

HAVE YOU EVER WORKED HERE BEFORE?  YES  NO IF YES, REASON FOR TERMINATION? \_\_\_\_\_

SCHOOLING

	Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade School				

AVAILABILITY

CLOSED ON SUNDAYS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

(CONTINUED ON OTHER SIDE)

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING SKILLS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

**FORMER EMPLOYERS**

Date-- Month/Yr	Name/Location/Contact Name and Phone of previous and/or current Employer	Salary	Position	Reason for Leaving
FROM TO				
FROM TO				
FROM TO				

**REFERENCES**

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS / PHONE NUMBER	BUSINESS	YEARS KNOWN

**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 investigations of all statements contained herein. I authorize 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 I release the company from all liability for any damage that may result from utilization of such information.”

APPLICANT’S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_