

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

| | | | | | |
|---|-------|---|------------------------|---------|--|
| NAME | | | SOCIAL SECURITY NUMBER | | |
| LAST | FIRST | MIDDLE | | | |
| PRESENT ADDRESS | | | | | |
| STREET | | CITY | STATE | ZIP | |
| PERMANENT ADDRESS | | | | | |
| STREET | | CITY | STATE | ZIP | |
| ARE YOU 18 YEARS OR OLDER? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | PHONE NO. | APT NO. | |
| IN CASE OF EMERGENCY PLEASE NOTIFY | | | | | |
| NAME | | ADDRESS | PHONE NO. | | |
| ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

EMPLOYMENT DESIRED

| | | |
|--|--|---|
| POSITION | DATE YOU CAN START | SALARY DESIRED |
| ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? | | |
| EVER APPLIED TO THIS COMPANY BEFORE? | WHERE? | WHEN? |
| EVER WORKED FOR THIS COMPANY BEFORE? | WHERE? | WHEN? |
| REASON FOR LEAVING | | |
| NAME OF LAST SUPERVISOR AT THIS COMPANY WHO REFERRED YOU TO THIS COMPANY? | | |
| <input type="checkbox"/> STATE EMPLOYMENT <input type="checkbox"/> OFFICE | <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WALK IN | <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER |

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | # OF YEARS ATTENDED? | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------|-----------------------------|----------------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| CORRESPONDENCE SCHOOL | | | | |

GENERAL

| |
|--|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK |
| |
| SPECIAL TRAINING |
| SPECIAL SKILLS |
| |

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE ME WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE ME WE CONTACT YOUR SUPERVISOR?

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JOB TITLE ME WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

| | NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|---|------|---------|----------|------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

SERVICE RECORD

BRANCH OF SERVICE DISCHARGE DATE RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR SERVICES DATE OBLIGATION ENDS

SPECIAL QUESTIONS

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

HEIGHT _____ FEET _____ INCHES ARE YOU A CITIZEN? Yes No
 ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

• **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?

WHERE YOU EVER SERIOUSLY INJURED YES NO GIVE DETAILS

WHAT FOREIGN LANGUAGES TO YOU SPEAK FLUENTLY? READ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO DESCRIBE

I understand and agree that I may be required to take one or more physical examination: lie detector test(s) 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

AUTHORIZATION

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED. IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE