

# APPLICATION FOR EMPLOYMENT

(pre-employment questionnaire) ( an equal opportunity employer)

**Personal Information:**

Name			Social Security Number
	last	first	middle
Present Address	Street	City	State      Zip
Permanent Address	Street	City	State      Zip
Phone No.	Are you 18 years or older?		Yes <input type="checkbox"/>
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**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?	
Referred by		

**Education:**

	Name & location of School	No. of years attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, business, correspondence school				

**General:**

Subjects of special study or research work

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Special Skills

Activities (civic, athletic, etc.)

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US Military or Naval Service	Rank	Present Membership in National Guard or Reserves
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Do you have a valid Drivers License?      Yes     No     What is the classification/endorsements?

Have you ever been convicted of a Felony?      Yes     No

If yes, what were the circumstances of your arrest?

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Do you have any pre-existing conditions or physical disabilities that would impede your ability to perform your job duties?

Yes  No  If yes, Please explain:

Are you currently under a physicians care or have you been under a physicians care in the last 12 months?

Yes  No

Are you currently taking any medication, prescribed or otherwise? Yes  No

If yes, please give a full legal description:

**Former Employers** ( list below the last three employers, starting with the last one first.)

Date (month & year)	Name & address of employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				

Which of these jobs did you like best?

What did you like most about this job?

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

Name	Address	Business	Years Acquainted

In case of an emergency notify

Name

Address

Phone

**At the company's discretion, prior to employment, or at any time during your employment, you may be subjected to a drug test. If you refuse to participate you will not be hired. If you are currently employed and refuse to participate, immediate termination will result.**

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated as a result.

In consideration of my employment, I agree to conform to the company's rules, regulations and policies, 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 conditions 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 its 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