

# APPLICATION FOR EMPLOYMENT

# PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## PERSONAL

## DATE \_\_\_\_\_

|                        |             |                     |          |
|------------------------|-------------|---------------------|----------|
| NAME (LAST NAME FIRST) |             | SOCIAL SECURITY NO. |          |
| PRESENT ADDRESS        | CITY        | STATE               | ZIP CODE |
| PERMANENT ADDRESS      | CITY        | STATE               | ZIP CODE |
| PHONE NUMBER<br>(    ) | REFERRED BY |                     |          |

## EMPLOYMENT DESIRED

|  |   |                |
|--|---|----------------|
| POSITION   | DATE YOU CAN START  | SALARY DESIRED |
| ARE YOU EMPLOYED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                    | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| EVER APPLIED TO THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?  | WHEN?          |

## EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL                      | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|----------------|-------------------|------------------|
| GRAMMAR SCHOOL                                 |                |                   |                  |
| HIGH SCHOOL                                    |                |                   |                  |
| COLLEGE  |                |                   |                  |
| TRADE, BUSINESS OR<br>CORRESPONDENCE<br>SCHOOL |                |                   |                  |

## GENERAL INFORMATION

|  |      |
|--|------|
| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS |      |
|  |      |
|  |      |
| U.S. MILITARY OR NAVAL SERVICE                                     | RANK |

## FORMER EMPLOYERS (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|----------------------------|--------|----------|--------------------|
| From                |                            |        |          |                    |
| To                  |                            |        |          |                    |
| From                |                            |        |          |                    |
| To                  |                            |        |          |                    |
| From                |                            |        |          |                    |
| To                  |                            |        |          |                    |
| From                |                            |        |          |                    |
| To                  |                            |        |          |                    |

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