

# APPLICATION for EMPLOYMENT

Pre-Employment Questionnaire  
EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Referred by: \_\_\_\_\_

EMPLOYMENT DESIRED \_\_\_\_\_ Salary Desired: \_\_\_\_\_  
POSITION: \_\_\_\_\_ Date You Can Start \_\_\_\_\_  
Are You Employed?  YES  NO May we contact your present employer? \_\_\_\_\_  
Have You Ever Applied to this Company Before? \_\_\_\_\_ If so, When? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

High School Attended \_\_\_\_\_  
Did You Graduate?      YES      NO  
COLLEGE: \_\_\_\_\_  
DEGREE : \_\_\_\_\_  
Trade School: \_\_\_\_\_  
Certification: \_\_\_\_\_  
Other: \_\_\_\_\_

**SPECIAL SKILLS/RESEARCH WORK  
OR SPECIAL TRAINING**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
U.S. Military or Naval Service? \_\_\_\_\_  
If so, What Rank? \_\_\_\_\_

Do you have any physical limitation? YES NO Will they limit your ability to work? YES NO  
Are you pregnant? YES NO Will you consent to random drug testing? YES NO

**FORMER EMPLOYERS**

List recent employers with Last one First

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From: To :				
From: To :				
From: To				
From: To :				

**REFERENCES**

List below the names & numbers of (3) persons not related to you, whom you have known at least one (1) year

NAME	ADDRESS & PHONE	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.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*\*\*\*\*  
TRY-OUT DATE: \_\_\_\_\_

HIRE/START: \_\_\_\_\_