

# Application For Employment



# Pre-Employment Questionnaire An Equal Opportunity Employer

## Personal Information

Name (Last Name First)		Social Security #	
Present Address	Apt #	City, State	Zip Code
Permanent Address	Apt #	City, State	Zip Code
Are You 18 Years Or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone #	

## Desired Employment

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire Of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied For This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	
Who Referred You To This Company?		

## Education

School Level	Name & Location Of School	# Of Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business Or Correspondence School				

## General

Subjects Of Special Study Or Research Work
Special Training
Special Skills

## Former Employers

List Below Last Three Employers, Starting With The Most Recent

Name Of Present Or Last Employer				
Address		City	State	Zip
Starting Date		Leaving Date		Job Title
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Of Supervisor		Title	Phone	
Description Of Work				
Reason For Leaving				

Name Of Present Or Last Employer				
Address		City	State	Zip
Starting Date		Leaving Date		Job Title
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Of Supervisor		Title	Phone	
Description Of Work				
Reason For Leaving				

Name Of Present Or Last Employer				
Address		City	State	Zip
Starting Date		Leaving Date		Job Title
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name Of Supervisor		Title	Phone	
Description Of Work				
Reason For Leaving				

## References Information

	Name	Phone #	Business	Years Acquainted
1				
2				
3				

## Service Record

Branch of Service	Discharge Date & Rank
Have You Been Convicted Of A Felony Within The Last 5 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, Explain, (Will Not Necessarily Exclude You From Consideration)	

## 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 investigation of all statements contained herein and 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 release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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Date

Signature

**Please Indicate & Detail Any Retail Experience**


**Please Indicate & Detail Any Paddling Experience**


**Please Indicate Any Dates You Will Not Be Available:**


Interviewed By

Date

Comments


Hired (Date) For Dept.

For Position

Salary Wages

Will Report
