



**PRE EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER**

DATE: _____ SOCIAL SECURITY NO: _____

NAME: _____
(LAST/MIDDLE/FIRST)

PRESENT ADDRESS: _____
(STREET NO/CITY/STATE/ZIP)

PERMANENT ADDRESS: _____
(STREET NO/CITY/STATE/ZIP)

TELEPHONE: (____) _____ - _____ CELL PHONE NO: (____) _____ - _____

EMAIL ADDRESS: _____ PAGER NO: (____) _____ - _____

ARE YOU 18 YEARS OF AGE OR OLDER? ___ YES ___ NO

If hired, can you provide written evidence that you are authorized to work in the U.S. ___ Yes ___ No

EMPLOYMENT

Type of work desired: _____ Date you are available to start: _____

Salary desired: \$ _____ Are you presently employed? ___ Yes ___ No

If so, may we contact your present employer? ___ Yes ___ No

Is there any information that we would need about your name or use of another name for us to be able to check your work record? ___ Yes ___ No. Please specify: _____

Hours of position desired (to be filled in by employer): _____

How were you referred to our organization? _____

Do you have any relatives employed by this organization? ___ Yes ___ No

If so, who are they? _____

Have you ever been convicted of a felony? (Answering yes will not automatically disqualify you from being considered for employment) ___ Yes ___ No

Please specify: _____

Please list any additional information that relates to your ability to perform the job that you have applied for, such as licenses, professional memberships, hobbies, etc. _____

EMPLOYMENT HISTORY RECORD –

LIST YOUR LAST THREE (3) EMPLOYERS WITH THE MOST RECENT FIRST

Company – Name & Address: _____
Position Held: _____ Supervisors Name & Phone #: _____
Start Date: _____ End Date: _____ Rate of Pay: _____
Reason for Leaving: _____
May we Contact this Employer: _____

Company – Name & Address: _____
Position Held: _____ Supervisors Name & Phone #: _____
Start Date: _____ End Date: _____ Rate of Pay: _____
Reason for Leaving: _____
May we Contact this Employer: _____

Company – Name & Address: _____
Position Held: _____ Supervisors Name & Phone #: _____
Start Date: _____ End Date: _____ Rate of Pay: _____
Reason for Leaving: _____
May we Contact this Employer: _____

EDUCATION

Elementary & Jr. High (Name & Location): _____
Course of Study: _____ #Yrs. Completed: _____ Degree/Diploma: _____

High School (Name & Location): _____
Course of Study: _____ #Yrs. Completed: _____ Degree/Diploma: _____

College (Name & Location): _____
Course of Study: _____ #Yrs. Completed: _____ Degree/Diploma: _____

Technical or Other (Name & Location): _____
Course of Study: _____ #Yrs. Completed: _____ Degree/Diploma: _____

REFERENCES (DO NOT INCLUDE RELATIVES)

Name/Occupation/Phone Number

1. _____
2. _____
3. _____

APPLICANTS STATEMENT

I understand that the employer follows an "employment at will" policy, in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operation officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all person hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year; after that time if I wish to be considered for employment, I must submit a new application.

I understand that they employer will thoroughly investigate my work and personal history and verify all data given on this application, or related papers and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me, and I releâse them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsifications or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks/Comments: _____

Remarks/Comments: _____

Hired: ___Yes___No Position/Dept: _____ Salary/Wage: _____

APPROVED GENERAL MANAGER: _____ DATE: _____

APPROVED DEPARTMENT MANAGER: _____ DATE: _____

APPROVED EMPLOYMENT MANAGER: _____ DATE: _____