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**APPLICATION FOR EMPLOYMENT**

**(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

**PERSONAL INFORMATION**

DATE

NAME SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP

PERMANENT ADDRESS CITY STATE ZIP

PHONE NUMBER EMAIL

 ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION DATE YOU CAN START SALARY DESIRED

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER EMPLOYED HERE BEFORE? WHEN?

REFERRED BY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | NAME AND LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |  |  |  |  |

**GENERAL**

DO YOU HAVE A CLASS A CDL? YES NO

DO YOU HAVE A VALID DOT MEDICAL EXAMINER CERTIFICATE? YES NO

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

U.S. MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROMTO |  |  |  |  |
| FROMTO |  |  |  |  |
| FROMTO |  |  |  |  |

WHICH OF THEM DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | PHONE NUMBER | BUSINESS | YEARS ACQUAINTED |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

IN CASE OF EMERGENCY NOTIFY

 NAME ADDRESS PHONE NO.

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND 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 AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, 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 WRITTEN AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY OTHER AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE SIGNATURE