



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			DATE	ZIP
PRESENT ADDRESS			STATE	ZIP
PERMENENT ADDRESS	APT. NO.	CITY	STATE	
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	APT. NO.	CITY	SOCIAL SECURITY NO.
INCOME TAX STATUS (SINGLE/ MARRIED/ DIVORCED)		NUMBER OF EXEMPTIONS		SALARY RATE (TO BE FILLED BY EMPLOYER)

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
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

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
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS 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
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS 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
DESCRIPTION OF WORK			
REASON FOR LEAVING			