Graduate

College

Business/ Trade/ Technical

High School

Are you over

The Equal Rights Act of 1964 prohibits discrimination in employment



**PRE-EMPLOYMENT QUESTIONNAIRE**

(AN EQUAL OPPORTUNITY EMPLOYER)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **P E R S O N A L** | Last Name First | Middle Initial | Today’s Date  / | / |
| Street Address | | Home Phone  ( ) | |
| City, State, Zip | | Cell Phone  ( ) | |
| Email Address | | | |
| 1. Have you ever applied for employment with us? r Yes r No If yes: Month and Year / | 2. Have you ever worked for us before?  If yes: Month and Year / | | r Yes r No |
| Position Desired | | Pay Expected | |
| 1. Apart from absence for religious observance, are you available for full time work? r Yes r No 2. What hours can you work? | | Available to work overtime?  r Yes r No | |
| Are you legally eligible for employment in the United States? r Yes r No | | When will you be available to begin work?  / / | |
| Other special training or skills (languages, machine operation, etc.) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E D U C A T I O N** | School | Name and Location of School | Course of Study | Years Completed | Did You Graduate? | Date | Degree or Diploma? |
| High School |  |  |  |  |  | r Yes  r No |
| Business/ Trade/ Technical |  |  |  |  |  | r Yes  r No |
| College |  |  |  |  |  | r Yes  r No |
| Graduate |  |  |  |  |  | r Yes  r No |

|  |  |
| --- | --- |
| because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. | |
| Have you ever been bonded? r Yes r No If “Yes”, with what employer(s)? | Are you over 18 years of age?  r Yes r No |
| Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? r Yes r No If “Yes”, describe in full.  \*Not all convictions will necessarily bar employment. | |
| List the names of relatives and friends currently working for us: | |

**REFERENCES:**

**Give the names of three individuals, not related to you, whom you have known at least one year.**

1. Name

Address

Phone ( ) -

Years Acquainted

1. Name

Address

Years

Phone ( ) - Acquainted

1. Name Address

Years

Phone ( ) - Acquainted

**EMPLOYMENT**

**Please give accurate, complete full-time and part-time employment records.**

**Start with your present or most recent employer.**

Company Name Telephone

( )

**1**

Address Employed - (month and year)

From To

Name of Supervisor Weekly pay

Start Last

Job Title and Describe Your Work Reason for Leaving

Company Name Telephone

( )

**2**

Address Employed - (month and year)

From To

Name of Supervisor Weekly pay

Start Last

Job Title and Describe Your Work Reason for Leaving

Company Name Telephone

( )

**3**

Address Employed - (month and year)

|  |  |  |
| --- | --- | --- |
|  | From | To |
| Name of Supervisor | Weekly pay Start | Last |
| Job Title and Describe Your Work | Reason for Leaving |  |

**We may contact the employers listed above unless you indicate those you**

**DO NOT CONTACT**

**Employer Number(s) Reason**

**do not want us to contact.**

|  |  |
| --- | --- |
| **MILITARY** Have you served in the rYes rNo  U.S. Armed Forces? | If “Yes”  what Branch? |
| Describe any training received relevant to the position for which you are applying. | |

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? rYes rNo

If yes, what can be done to accommodate your limitations? Please describe: In Case of

Emergency Notify:

(Please Print) Name Address Phone

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 referenced 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any

prior notice.

Date Signature

**DO NOT WRITE BELOW THIS LINE**

### Interviewed by: Date: / / Hired: rYes rNo Position: Dept: Salary/Wage $ Shift Date Reporting To Work: / / Reviewed by: Date: / /