



APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE)
 EQUAL OPPORTUNITY EMPLOYER

DATE

SOCIAL SECURITY NUMBER

PERSONAL INFORMATION

□□-□□ 20 □□

□□□-□□-□□□□

NAME _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

PHONE NO □□□-□□□-□□□□ ALT PHONE NO □□□-□□□-□□□□

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO
 ARE YOU 18 YEARS OR OLDER YES NO

EMPLOYMENT DESIRED

DATE YOU START _____ SALARY POSITION _____ CAN DESIRED _____

ARE YOU EMPLOYED NOW? YES NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF YES, WHEN? ____/____/____

EDUCATION	NAME AND LOCATION OF SCHOOL	LAST YEAR COMPLETED				DID YOU GRADUATE	SUBJECTS STUDIED
		1	2	3	4		
HIGH SCHOOL							
UNIVERSITY							
GRADUATE SCHOOL							
TRADE, BUSINESS SCHOOL, ETC.							

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS THAT THE NAME INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

PLEASE INDICATE HOW YOU HEARD ABOUT THIS OPENING: NEWSPAPER HTV10.TV TVJOBS.COM
 COLLEGE RECRUITER/JOBS PLACEMENT OTHER _____

U.S. MILITARY OR PRESENT MEMBERSHIP IN NATIONAL GUARD

NAVAL SERVICE _____ RANK _____ RESERVES YES NO

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS CITY/ST/ZIP PHONE NO. RELATIONSHIP

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.

(CONTINUED ON OTHER SIDE)

LAST
FIRST
MIDDLE



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NAME _____
LAST FIRST MIDDLE

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME/ADDRESS		MONTH	YEAR	LEAVING DATE	MONTH	YEAR
STARTING DATE	/				/	
WEEKLY STARTING SALARY				WEEKLY ENDING SALARY		
JOB TITLE/POSITION				MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR				PHONE NO.		
DESCRIPTION OF WORK				REASON FOR LEAVING		

NAME/ADDRESS		MONTH	YEAR	LEAVING DATE	MONTH	YEAR
STARTING DATE	/				/	
WEEKLY STARTING SALARY				WEEKLY ENDING SALARY		
JOB TITLE/POSITION				MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR				PHONE NO.		
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NAME/ADDRESS		MONTH	YEAR	LEAVING DATE	MONTH	YEAR
STARTING DATE	/				/	
WEEKLY STARTING SALARY				WEEKLY ENDING SALARY		
JOB TITLE/POSITION				MAY WE CONTACT YOUR SUPERVISOR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NAME OF SUPERVISOR				PHONE NO.		
DESCRIPTION OF WORK				REASON FOR LEAVING		

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS NAME	PHONE NUMBER	YEARS AQUAINTED

SIGNATURE _____ DATE _____ / _____ / _____