

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE AN  
EQUAL OPPORTUNITY  
EMPLOYER



## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	LENGTH AT THIS RESIDENCE?
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE, HOME		PHONE, CELL		

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NOT CURRENTLY EMPLOYED, WHEN WAS THE LAST DAY WORKED?	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION?	WHEN?

WHO REFERRED YOU TO THIS COMPANY?

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

## REFERENCES

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

	NAME	BUSINESS	PHONE #	YEARS ACQUAINTED
1				
2				
3				