



APPLICATION FOR EMPLOYMENT (Pre-Employment Questionnaire) - Equal Opportunity Employer

Position Applied For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB - Optional: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Referred By: \_\_\_\_\_

**Physical Record:**

Do you have any physical limitations that prevent you from performing any work, which you are being considered for?  
\_\_\_yes \_\_\_no - If yes, please describe: \_\_\_\_\_

In case of an emergency, please notify:

Name	Relation	Address	Phone Number

Are you currently employed? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

Have you ever been discharged from a job? \_\_\_yes \_\_\_no

If yes, please explain \_\_\_\_\_

Have you ever been convicted for other than a minor traffic violation? \_\_\_yes \_\_\_no

If yes, please attach a detailed statement to this application.

**Former Employers: Start With The Most Recent:**

Date From/To:	Name and Address of Employer	Salary	Position	Reason for Leaving

**Education:**

High School Name and Location: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_ Did You Graduate? \_\_\_yes \_\_\_no

College Name and Location: \_\_\_\_\_

Number of Years Attended: \_\_\_\_\_ Did You Graduate? \_\_\_yes \_\_\_no

Subjects Studied: \_\_\_\_\_

**Skills/Certifications:**

\_\_\_\_\_

\_\_\_\_\_

(I understand I may be required to submit proof of previous employment, education, or any other statements in this application. I authorize release of this and other information covering job related factors for purposes of verification and determination of suitability for employment through a background check. I certify that the information on this application is true and accurate to the best of my knowledge and I understand that misrepresentation of any material may be grounds for ineligibility or termination of employment. I understand and agree that if hired, my employment is for no definite period and may, regardless of payment of my wages and salary, be terminated at any time without prior notice.

Written Signature: \_\_\_\_\_ Date: \_\_\_\_\_