

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

YES ☐

NO ☐

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES ☐

NO ☐

## EMPLOYMENT DESIRED

POSITION

DATE YOU  
CAN START

SALARY  
DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

### EDUCATION

NAME AND LOCATION OF SCHOOL

# OF  
YEARS  
ATTENDED

DID YOU  
GRADUATE?

SUBJECTS STUDIED

GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR  
CORRESPONDENCE  
SCHOOL

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (Civic, athletic, etc.)

Exclude organizations the name of which indicates the race, creed, sex, age, marital status or color or nation of origin of its members)

US MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
THE NATIONAL GUARD OR RESERVES

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN MASSACHUSETTS AND MARYLAND. (FILL IN NAME OF STATE)  
IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT  
TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF  
EMERGENCY NOTIFY:

NAME ADDRESS PHONE #

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF  
ANDY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM  
EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY  
EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT  
EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY  
BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO  
COMPANY REPRESENTATIVE OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY  
AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR A SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT  
CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS

NEATNESS ABILITY

HIRED: YES ☐ NO ☐ POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. 2. 3.  
EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER