



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION:				
				Date: _____
NAME:				
	LAST	FIRST	MIDDLE	SOCIAL SECURITY #:
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:		DATE		
POSITION:	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:				

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 25, 1991

Continue to Next Page

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, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.				
U.S. MILITARY OR NAVAL SERVICE:		PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:		
RANK:				
FORMER EMPLOYERS: (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST)				
DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
MONTH & YEAR:				
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 THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
NAME	ADDRESS	BUSINESS		YEARS ACQUAINTED
1				
2				
3				
THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (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: _____				

This form has been designed to strictly comply with State and Federal fair employment discrimination. This Application for Employment Form is said for general use throughout the United States.

Continue to Next Page

IN CASE OF
EMERGENCY

NAME

ADDRESS

PHONE NUMBER:

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY 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 CAUSE OR WITHOUT CAUSE, AND WITH NOTICE OR WITHOUT NOTICE, AT ANY TIME AT EITHER 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 THEN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY 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:

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER