



# APPLICATION FOR EMPLOYMENT

*Building Success One Project At A Time*

(PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ Date: \_\_\_\_\_

LAST FIRST M.I. SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

Same As Above

PERMANENT ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP

PHONE NO.: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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 CAN START: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

YES  NO  YES  NO COMPANY: \_\_\_\_\_

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES  NO

EVER APPLIED TO THIS COMPANY BEFORE? WHERE WHEN

REFERRED BY: \_\_\_\_\_

EDUCATION:	NAME AND LOCATION OF SCHOOL	# OF YEARS	DID YOU	SUBJECTS STUDIED
		ATTENDED	GRADUATE?	
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

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**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: \_\_\_\_\_ RANK: \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: \_\_\_\_\_

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

DATE MONTH & 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 THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NO.:	YEARS ACQUAINTED

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: \_\_\_\_\_

(Type Name to Acknowledge)

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:** (Type Name to Acknowledge)

**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
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