

# APPLICATION FOR EMPLOYMENT

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

## PERSONAL INFORMATION (please print)

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES  OR NO

### SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- HEIGHT \_\_\_\_\_ FEET \_\_\_\_\_
- WEIGHT \_\_\_\_\_ lbs.
- WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ \_\_\_\_\_ WRITE \_\_\_\_\_
- ARE YOU AN U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_
- DATE OF BIRTH \_\_\_\_\_
- HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES \_\_\_\_\_ NO \_\_\_\_\_ (IF YES, EXPLAIN)

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.  
 \*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

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

EVER APPLIED TO ZIP MAIL BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED		DEGREE/DIPLOMA RECEIVED	MAJOR COURSE OF STUDY
		FROM MO/YR	TO MO/YR		
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE BUSINESS OR CORRESPONDENCE SCHOOL					

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE US? YES  NO

<b>MILITARY</b> <i>(COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES)</i>	BRANCH OF SERVICE
DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING	PERIOD OF ACTIVE DUTY (MONTH & YEAR) FROM _____ TO _____
	RANK AT DISCHARGE
	DATE OF FINAL DISCHARGE

**FORMER EMPLOYERS:** LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST

DATE MONTH & YEAR	NAME, ADDRESS & PHONE# OF EMPLOYER	SUPERVISOR	SALARY	POSITION	REASON FOR LEAVING

**REFERENCES:** GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST 1 YEAR

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

**PHYSICAL RECORD:** DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  YES  NO IF YES, PLEASE DESCRIBE.

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IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I CERTIFY THAT THE FACTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE SIGNATURE

**COMMENTS:**

LIST ANY COMMENTS OR QUALIFYING STATEMENTS YOU CARE TO MAKE.

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