

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

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

POSITION:

DATE YOU CAN START:

SALARY DESIRED:

ARE YOU EMPLOYED NOW?: YES NO

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?:

HAVE YOU APPLIED TO THIS COMPANY BEFORE?

WHERE:

WHEN:

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
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, color or nation of origin of its members

US MILITARY OR NAVAL SERVICE:

RANK:

PRESENT MEMBERSHIP IN 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 Jul 26, 1991.

(Continued on other side)

FORMER EMPLOYERS: LIST BELOW YOUR LAST THREE OR MORE EMPLOYERS, STARTING WITH THE LAST ONE FIRST

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITON	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 PEOPLE 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 STAE 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

SIGNITURE OF APPLICANT

IN CASES OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NO.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if and false information, ommissions, 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 options. 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 representativem other than its 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:

HIRE: YES NO

POSITION:

DEPARTMENT:

SALARY / WAGE:

DATE REPORTING TO WORK:

APPROVED: 1

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER