

Application for Employment

Pre-Employment Questionnaire ~ Equal Opportunity Employer



Date: ____/____/____

Personal Information

Name (Last Name First)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number	Alternate Phone Number	Driver's License Number	

Employment Desired

Position	Date You Can Start	Desired Pay
Are You Employed Now?	If So, May We Inquire Of Your Present Employer?	Are You Legally Authorized To Work In The U.S.A.?
Ever Applied To This Company Before?	Where	When
Ever Worked For This Company Before?	Where	When
Reason For Leaving?		
		Name of Last Supervisor At This Company:
How did you find out about this position?		

Education History

	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

General Information

Subjects of Special Study/Research Work
Special Training, Certifications, Licenses
Special Skills, Foreign Languages, Etc.

For Office Use Only

This Application Was Reviewed By:	Print Name
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Military Service Record

Have You Ever Served In The U.S. Armed Forces?	Branch Of Service:
Discharge Date:	Rank:

Former Employers *(List The Last Three Employers, Starting With The Most Recent)*

Name Of Present Or Last Employer			
Address	City	State	Zip Code
Starting Date	Leaving Date	Job Title	
May We Contact Your Supervisor?	Circle One: Full-Time Part-Time Seasonal	Average Hours Per Day	Average Days Per Week
Name Of Supervisor	Title	Phone Number	
Description of Work			
Reason For Leaving			

Name Of Previous Employer			
Address	City	State	Zip Code
Starting Date	Leaving Date	Job Title	
May We Contact Your Supervisor?	Circle One: Full-Time Part-Time Seasonal	Average Hours Per Day	Average Days Per Week
Name Of Supervisor	Title	Phone Number	
Description of Work			
Reason For Leaving			

Name Of Previous Employer			
Address	City	State	Zip Code
Starting Date	Leaving Date	Job Title	
May We Contact Your Supervisor?	Circle One: Full-Time Part-Time Seasonal	Average Hours Per Day	Average Days Per Week
Name Of Supervisor	Title	Phone Number	
Description of Work			
Reason For Leaving			

References *(List Professional References Whom We May Contact)*

Name	Address	Business	Phone

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

APPLICANT EEO DATA

Important-All Applicants Read: To enable us to meet government reporting regulations, applicants are requested (but not required) to complete this personal data sheet. Information will be used solely for government reporting purposes. **It will not be used as selection criteria and will be treated as personal and confidential.** Your voluntary cooperation will be appreciated.

Name _____ Address _____

Date Applied _____ Position Applied For _____

Date of Birth _____ Male _____ Female _____

Ethnic Category

_____ **American Indian or Alaska Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identifications through tribal affiliation or community recognition.

_____ **Asian or Pacific Islander** - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Pacific Island. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. Also persons from the Indian subcontinent, including peoples with national origins Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim, and Sri Lanka.

_____ **Black** (not of Hispanic origin). All persons having origins in any of the Black racial groups.

_____ **Hispanic.** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture, regardless of race.

_____ **White** (not of Hispanic origin). All persons having origins in any of the peoples of Europe, North Africa, or the Middle East.

YES / NO Do you wish to identify yourself as a handicapped individual, a disabled veteran, or a Vietnam era veteran and be considered under the Affirmative Action Plan?

_____ **A Qualified Handicapped Individual** who 1) has a physical or mental impairment which substantially limits one or more of that person's major life activities, or 2) has a record of such impairment, or 3) is regarded as having such impairment, and 4) is capable (qualified) of performing a particular job with reasonable accommodation to his/her handicap.

_____ **A Qualified Disabled Veteran** 1) a person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.

_____ **A Vietnam Era Veteran** 1) a person who a) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was released with other than a dishonorable discharge, or b) was released from such active duty for a service-connected disability, and 2) a person who was discharged/released within 48 months prior to an alleged violation of the Act and/or of the regulation issued thereunder on July 26, 1976.

What special skills or methods enable you to perform jobs that would otherwise be precluded by your handicap/disability? What accommodations on the part of the Company would enable you to perform the job?
