



**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

**Personal Information**

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

**Employment Desired**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS ESTABLISHMENT BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

**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 OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

**Former Employers**

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**References:** PROVIDE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	BUSINESS/ADDRESS	PHONE NUMBER	YEARS KNOWN

**Authorization**

"I certify that the facts contained 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 and employers 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 this establishment from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of this establishment has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized representative of this establishment.

This waiver does not permit the release or use of disability-related or medical information in a manor prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Remarks**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER