

Application for Employment
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Present Employer **Employer Address** **Telephone Number** **Fax Number**

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Date of Employment: _____ Position: _____ Salary: _____

Reason Desiring Change: _____

FORMER EMPLOYERS (List last three employers starting with last one first)

Date: Month and Year	Name & Address of Employer	Telephone	Salary	Position	Reason for leaving
From:					
To:					
From:					
To:					
From:					
To:					

Which of these jobs did you like best? _____

What did you like most about this job? _____

May we contact this employer for a reference? Yes No

REFERENCES: Give the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

Do you have any physical limitations that may preclude you from performing any work for which you are being considered? Yes No

"I have no history of or conviction of a violent crime and was never dismissed from employment due to abuse of clients of residents."

Applicant's signature _____

In case of Emergency notify: Name: _____ Address: _____ Phone # _____

"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 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 that an offer of employment is contingent upon the receipt of satisfactory reference statements from previous and current employers and personal references. I understand that, if hired, my employment is "at will" and for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.." I consent to a pre-employment physical, which may included drug/alcohol testing and agree that my employment or continued employment is contingent upon the results of that examination as permitted by law. I understand that I will not be asked to submit to an examination unless I am offered a position of employment. Further I consent to employment background checks including criminal record satisfaction.

Date: _____ **Signature:** _____

Interviewed by: _____ Date _____

Neatness _____ Ability _____

Hired: Yes No Position _____ Department _____

Salary/Wage _____ Date reporting to work _____

Approved by: 1. Department Head _____ 2. Administrator _____

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Personal Information				
Name _____		Date _____		_____
Last	First	Social Security Number		_____
		Middle		
Present Address _____				
State	Street	City		_____
	Zip			
Prior Address _____				
(if less than 2 years		Street	City	
at present address)		Zip		
Phone Number _____		Are you 18 years or older Yes _____ No _____		
Employment Desired				
Position		Date you can start		Salary desired
Shift Preference: Day Evening Night Weekends Weekdays Other Specify:				
Are you employed now?		If so, may we contact your present employer?		
Ever applied to this company before?		Where?	When?	
Referred by:				
Special Training Related to Desired Position				
Professional License		Certification		Registration
State:		Number:		Expiration Date:
Please indicate if resume included. Yes _____ No _____				
EDUCATION	Name and Location of School	No. of years attended	Did you Graduate	Subjects studied
Grammar School				
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, marital status, color or nation of origin of its members				
U.S. Military or Naval Service		Rank		Present membership in National Guard or Reserves