

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

Personal Information				
Name _____		Date _____		
Last	First	Social Security Number _____		
		Middle		
Present Address _____				
Street		City		
State _____		Zip _____		
Prior Address _____				
Street		City		
State		Zip		
(if less than 2 years at present address)				
Phone Number _____		Are you 18 years or older Yes _____ No _____		
Employment Desired				
Position _____		Date you can start _____		Salary desired _____
Shift Preference: Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/> Weekdays <input type="checkbox"/> Other <input type="checkbox"/> 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 <input type="checkbox"/>		Certification <input type="checkbox"/>	Registration <input type="checkbox"/>	
State: _____		Number: _____	Expiration Date: _____	
Please indicate if resume included. Yes <input type="checkbox"/> No <input type="checkbox"/>				
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 _____	

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

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Date of Employment:	Position:	Salary:
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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 _____