

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

CSCD 112 Rev. A - Dated: 02/16/2005

## PERSONAL INFORMATION

## DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY	HAVE YOU EVER BEEN CONVICTED OF A FELONY?	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

## EDUCATION HISTORY

Education	NAME AND 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 AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE

# APPLICATION FOR EMPLOYMENT

## REFERENCES

NAME	ADDRESS	BUSINESS	YEARS KNOWN

In case 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 ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF DISCOVERED AFTER I AM EMPLOYED MAY RESULT IN MY TERMINATION OF EMPLOYMENT.**

**I AUTHORIZE INVESTIGATIONS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM USING SUCH INFORMATION IN THE PROCESSING OF THIS APPLICATION.**

**IF I AM EMPLOYED 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 OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE OR NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, 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 UPON ANY SPECIFIC CONDITIONS, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING.”**

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

DO NOT WRITE BELOW THIS LINE

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

<b>Comments:</b>

**Remember to Inform/Ask the Interviewee of the Following:**

- |  |   |
|--|---|
| <input type="checkbox"/> Drug Test (Individual’s Responsibility) | <input type="checkbox"/> Employee Type (Full-Time, Part-Time, or Temporary/Seasonal—circle one) |
| <input type="checkbox"/> No Guarantee of Shift Preference        | <input type="checkbox"/> No Smoking or Tobacco Use on the Premises                              |
| <input type="checkbox"/> Do they Have Reliable Transportation?   | <input type="checkbox"/> Pre-scheduled absences? If yes, dates _____                            |

**The Below is to be Completed if the Interviewee is Hired:**

_____ Start Date	_____ Department/Supervisor
_____ Shift Time	_____ Position
_____ Wage/Salary	_____ Pre-Scheduled Absence Dates?

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_