



**Pre-employment Questionnaire
An Equal Opportunity Employer**

EMPLOYMENT APPLICATION

APPLICANT INFORMATION											
Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Are you 18 years old or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Desired Salary				
Position Applied for											
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we inquire of your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Ever applied to this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Reason for leaving											
Name of last supervisor at this company											
Who referred you to this company?											
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper Advertising	<input type="checkbox"/> Friend	<input type="checkbox"/> State Employment Office								
<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Walk In	<input type="checkbox"/> Other									

GENERAL	
Subjects of special study or research work	
Special training/skills	

EDUCATION						
Grammar School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
High School			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES					
Please list three professional references.					
Full Name		Relationship		Years Acquainted	
Company		Phone	()		
Address					
Full Name		Relationship		Years Acquainted	
Company		Phone	()		
Address					
Full Name		Relationship		Years Acquainted	
Company		Phone	()		
Address					

FORMER EMPLOYERS						
List below last three employers, starting with the most recent						
Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
Start Date		End Date		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
Start Date		End Date		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
Start Date		End Date		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

