

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER



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

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HOME PHONE		MOBILE PHONE		
IN CASE OF EMERGENCY, NOTIFY:		ADDRESS		PHONE

## DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <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		
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	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			

## EDUCATION

SCHOOL LEVEL	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 TRAINING
SPECIAL SKILLS

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals at least 40 years of age.

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK
PRESENT MEMBERSHIP IN NATION GUARD/RESERVES	DATE OBLIGATION ENDS

## SPECIAL QUESTIONS

DO NOT ANSWER ANY QUESTIONS IN THIS BOX UNLESS THE EMPLOYER HAS CHECKED  THE BOX PRECEDING THE QUESTION. THIS INDICATES THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

<input type="checkbox"/> HEIGHT ____ FEET ____ INCHES	<input type="checkbox"/> ARE YOU A U.S. CITIZEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> WEIGHT ____ POUNDS	<input type="checkbox"/> DATE OF BIRTH ____/____/____	The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.	
<input type="checkbox"/> DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?			
<input type="checkbox"/> WERE YOU EVER SERIOUSLY INJURED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DESCRIBE THE INJURIES:			
<input type="checkbox"/> WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?			
CAN YOU ALSO READ AND WRITE IN THESE LANGUAGES?			
<input type="checkbox"/> HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN.			
<input type="checkbox"/> I understand and agree that I may be required to take one or more <input type="checkbox"/> physical examination; <input type="checkbox"/> lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). ____ Yes ____ No			
<input type="checkbox"/> I have been advised that the law prohibits lie detector tests, as a condition of hiring or continued employment.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.			

## 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 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 SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE TIME PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

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

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY OR \$/HOUR	FINAL SALARY OR \$/HOUR	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY OR \$/HOUR	FINAL SALARY OR \$/HOUR	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY OR \$/HOUR	FINAL SALARY OR \$/HOUR	MAY WE CONTACT YOUR SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY
COMMENTS

INTERVIEWED BY
COMMENTS

INTERVIEWED BY
COMMENTS

HIRED (DATE)	FOR DEPT.	FOR POSITION
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Form No. 9287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This form has been designed to strictly comply with Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. Adams assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.