

# APPLICATION FOR EMPLOYMENT

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

**PERSONAL INFORMATION**

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

NAME:			SOCIAL SECURITY NUMBER:	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS:				
STREET			CITY	STATE
PERMANENT ADDRESS:				
STREET			CITY	STATE
PHONE #:		ARE YOU 18 YEARS OR OLDER?		Yes <input type="checkbox"/> No <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**EMPLOYMENT DESIRED**

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

REFERRED BY: \_\_\_\_\_

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, AGE, 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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**(CONTINUED ON NEXT PAGE)**

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	ENDING SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IT IS UNLAWFUL IN THE STATE OF MARYLAND TO REQUIRE OR ADMINISTER ALIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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 I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, 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, AND WITH OR WITHOUT 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 TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED: Yes No

POSITION:

DEPT:

SALARY/WAGE:

DATE REPORTING TO WORK: