

Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Personal Information

DATE: / /

NAME (LAST NAME, FIRST MIDDLE)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO	SECONDARY PHONE NO	FAX	
EMAIL		REFERRED BY	

Employment Desired / Information

POSITION	DATE YOU CAN START	SALARY DESIRED	PREFERRED SCHEDULE FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>
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"/>	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YOU ARE APPLYING FOR THE MEAT, KITCHEN, OR DELI DEPT, ARE YOU AT LEAST 18 YEARS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	EVERY APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHEN?	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES <input type="checkbox"/> NO <input type="checkbox"/>	FOR DELI, DO YOU HAVE SLICER EXPERIENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A VALID DRIVER'S LICENSE? (IF YOU ARE APPLYING FOR A DRIVER POSITION) YES <input type="checkbox"/> NO <input type="checkbox"/>	

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
EXTRACURRICULAR ACTIVITIES/ SPORTS & MONTHS OF YEAR INVOLVED
SPECIAL TRAINING
SPECIAL SKILLS
U.S. MILITARY OR NAVAL SERVICE & RANK

Recent Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)

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

CONTINUED ON OTHER SIDE

