

APPLICATION FOR EMPLOYMENT
PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

NAME (LAST NAME FIRST)	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY STATE MN
TELEPHONE NUMBER	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No

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	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
HAVE YOU EVER WORKED AT 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"/> FRIEND <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER _____ <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING		

EDUCATION:

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINES OR CORRESPONDENCE SCHOOL				

GENERAL:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:
SPECIAL TRAINING:
SPECIAL SKILLS:

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:	ENDING SALARY:	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR:		TITLE:	TELEPHONE NO.:
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE:	JOB TITLE:	
STARTING SALARY:	ENDING SALARY:	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR:		TITLE:	TELEPHONE NO.:
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE:	JOB TITLE:	
STARTING SALARY:	ENDING SALARY:	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR:		TITLE:	TELEPHONE NO.:
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/TELEPHONE	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD:

BRANCH OF SERVICE:	DISCHARGE DATE AND RANK:

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

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 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 MY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE

DATE

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

INTERVIEW BY:

DATE:

COMMENTS:

HIRED (DATE) FOR DEPT:		POSITION:
SALARY WAGES:	WILL REPORT TO:	
APPROVED BY EMPLOYMENT MANAGER:	DATE:	
APPROVED BY DEPARTMENT MANAGER:	DATE:	
APPROVED BY GENERAL MANAGER:	DATE:	

Employee Survey Form

Last Name	First Name	Middle Initial
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Your Position with the Company	Today's Date
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Please read carefully:

We must monitor our equal employment opportunity program, and report the results to government agencies. Please help us gather this information by identifying your sex, race or ethnicity, and disability status on this form.

Providing this information is **completely voluntary**. If you choose not to provide some or all of this information, you will not be subject to any negative or adverse treatment. The information you provide will be used **only** to monitor our compliance with equal opportunity laws and regulations, and *for no other purpose*.^{*} When we receive this form, we will immediately place it in a confidential file separate from your application.

Race/Ethnicity — Select one or more

- American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Disability - Are you a person with, a disability?

- Yes
- No

Sex — Select one

- Female
- Male

^{*} **This form is not used for employment decisions.** If you have a disability and need an accommodation so that you can perform the duties of the job, please notify your supervisor or human resources in writing.