

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

LAST NAME  
FIRST  
MIDDLE INITIAL

## Personal Information Date

NAME			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY?	

## Employment Desired

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	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <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		
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____ <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE		

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED/ COMPLETED?	SUBJECTS STUDIED
HIGH SCHOOL OR GENERAL EDUCATION DIPLOMA (GED)				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, ETC.

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE (OR ACTIVE)	CHARACTER OF DISCHARGE

## Former Employers

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING PAY \$	WEEKLY FINAL PAY \$	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	
WEEKLY STARTING PAY \$	WEEKLY FINAL PAY \$	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	
WEEKLY STARTING PAY \$	WEEKLY FINAL PAY \$	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 (List of professional references whom we may contact)

NAME	ADDRESS	BUSINESS	PHONE

## Background Questions and Consent

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Have you been convicted of a Felony or Misdemeanor?

Yes

No.

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
*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.*

I understand and agree that I may be required to take one or more of the following as a condition of hiring and/or continued employment:

1) Physical examination

2) Drug test

I agree to consent to take such test(s) at such time as designated by the Township and to release the Township, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

## Authorization

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"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 may 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

