

Application For Employment - Sample #2

NOTE: This form is provided as a guide. It is without legal review. NAMTA suggests that any business utilizing any or all of this form do so after confirming that the information and/or questions on this form are appropriate according to the government bodies that have jurisdiction over your business, along with being aware of all state and federal laws regulating at what point in the interview/hiring process a form such as this can be used, and what questions are allowed.

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST, FIRST)				
PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO	CITY	STATE	ZIP
PHONE	EMAIL			

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYEED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN SE CONTACT 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?
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	COMMENTS
<i>High School</i>		
<i>College</i>		
<i>Trade, Business or Correspondence School</i>		

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS – *start with most recent*

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

PAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	CAN WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES – *1 PERSON YOU ARE NOT RELATED TO AND HAVE KNOWN AT LEAST ONE (1) YEAR*

NAME	PHONE	BUSINESS	YEARS ACQUAINTED

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWERS USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
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