

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

PERSONAL INFORMATION

DATE: _____

NAME LAST FIRST MIDDLE SOCIAL SECURITY #

PRESENT ADDRESS STREET CITY STATE ZIP CODE

PERMANENT ADDRESS STREET CITY STATE ZIP CODE

PHONE NUMBER

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____ ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

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? WHERE? WHEN?

REFERRED BY

EDUCATION

GRAMMAR SCHOOL/LOCATION # OF YRS. ATTENDED

HIGH SCHOOL/LOCATION # OF YRS. ATTENDED DID YOU GRADUATE?

COLLEGE/LOCATION # OF YRS. ATTENDED DID YOU GRADUATE?

SUBJECTS STUDIED

TRADE/BUSINESS/CORRESPONDENCE SCHOOL/ LOCATION # OF YRS. ATTENDED DID YOU GRADUATE?

SUBJECTS STUDIED

MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?

GENERAL

ACTIVITIES: (CIVIL, ATHLETIC, ETC.) (EXCLUDE ORGANIZATIONS OF WHICH INDICATE RACE, GENDER, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES or NO (Please circle one)

HAVE YOU EVER BEEN CONVICTED OF A SEX CRIME? YES or NO (Please circle one)

(CONTINUED ON NEXT PAGE)

* THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REQUISITIONS A INTERPERATIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991

MONTH AND YEAR NAME AND ADDRESS OF EMPLOYER SALARY POSITION REASON FOR LEAVING

WHICH OF THESE JOBS DO/DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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

NAME	ADDRESS	BUSINESS	YEARS AQUAINTED
------	---------	----------	--------------------

THE FOLLOWING STATEMENT APPLIED IN: MARYLAND & MASSACHUSETTS. IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO COMINAL PENALTIES AND CIVIL LIBERTY. Signature of Applicant: _____

IN CASE OF AN EMERGENCY NOTIFY: _____

NAME	ADDRESS	PHONE #
------	---------	---------

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED MY APPLICATION MAY BE REJECTED. IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFIRM TO THE COMPANY'S RULES AND REGULATIONS. I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. 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., THE PRESIDENT HAS THE AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE	SIGNATURE
------	-----------

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: YES NO POSITION: _____ DEPT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____