



# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

FULL NAME (LAST, FIRST, MIDDLE INITIAL)		SOCIAL SECURITY NUMBER  -      -	
PRESENT ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)			
PERMANENT ADDRESS (STREET ADDRESS, CITY STATE AND ZIP CODE)			
TELEPHONE NUMBER  (      )      -		BEST TIME TO BE CONTACTED  EMAIL ADDRESS	
HOW DID YOU LEARN ABOUT THIS POSITION AND/OR COMPANY?  <input type="checkbox"/> Print Ad <input type="checkbox"/> Internet <input type="checkbox"/> Agency: <input type="checkbox"/> Referred by: <input type="checkbox"/> Other			
POSITION DESIRED		TYPE OF WORK YOU PREFER  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
SALARY/WAGE DESIRED			
AVAILABILITY FOR WORK <input type="checkbox"/> Any Time <input type="checkbox"/> Only these days: <input type="checkbox"/> Only these hours: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Mon    <input type="checkbox"/> Tues    <input type="checkbox"/> Wed    <input type="checkbox"/> Thurs  <input type="checkbox"/> Fri    <input type="checkbox"/> Sat    <input type="checkbox"/> Sun           </div> <div>             _____              _____           </div> </div>			
ARE YOU CURRENTLY EMPLOYED?  <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    IF YES, When?			
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR ENTERED A PLEA OF NO CONTEST OR NO LO CONTENDERE (OR EQUIVALENT) TO ANY CRIME (other than summary motor vehicle violations)?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.			

Note: Criminal history will not automatically result in denial or loss of employment.

## EDUCATION

NAME & LOCATION	# OF YEARS COMPLETED	DEGREE / YEAR	PROGRAM OR MAJOR
HIGH SCHOOL			
VOCATIONAL/TECHNICAL SCHOOL			
COLLEGE			
GRADUATE/PROFESSIONAL SCHOOL			
OTHER SPECIALIZED TRAINING/CERTIFICATION			

U.S. MILITARY OR NAVAL SERVICE	RANK
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Last Name:

Contact Notes:

**WORK HISTORY** (PLEASE LIST YOUR LAST FOUR EMPLOYERS BELOW, STARTING WITH THE MOST RECENT)

NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	POSITION AND DUTIES	SALARY	REASON FOR LEAVING
	FROM  TO			
	FROM  TO			
	FROM  TO			
	FROM  TO			

**REFERENCES** (LIST BELOW TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN
1			
2			

**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 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.

SIGNATURE	DATE
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Applicants are considered without discrimination with regard to race, color, religion, sex, national origin, age, disability or other protected status. If you feel that you have been unfairly treated or discriminated against, please make your concerns known to the Director of Human Resources at HR One Source, Inc. (312.658.1200) so that they may be properly addressed.