



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		EMAIL	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU 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
CURRENT SALARY	EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

LIST YOUR SIX BEST CHARACTERISTICS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

DO YOU FEEL YOU ARE AVERAGE? _____

DO YOU HAVE SELF CONFIDENCE? _____

HOW DO YOU SEE YOURSELF? _____

WHY DO YOU FEEL YOU WOULD BE SUITED FOR THIS POSITION? _____

LIST ANY DEGREES YOU HAVE OBTAINED:

- CA _____
- RN _____
- LPN _____
- RT _____
- BS _____
- BA _____
- OTHER (Specify) _____
- OTHER (Specify) _____

CHECK SKILLS YOU HAVE ACQUIRED:

- POWER POINT
- TYPING
- SHORTHAND
- BOOKKEEPING
- PUBLISHER
- ACCOUNTING
- TELEPHONE COMMUNICATIONS
- OTHER SPECIAL SKILLS (Specify) _____

SOCIAL MEDIA EXPERIENCE: _____

ANATOMY/ CHIROPRACTIC/ RADIOLOGY _____

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.

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

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

OFFICE USE ONLY

APPEARANCE: _____

PERSONALITY: _____

ATTITUDE: _____

PREVIOUS EXPERIENCE IN THIS FIELD: _____

TRAINING ADAPTABILITY: _____

SALARY: _____

COMMENTS: _____
