

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: ____/____/____

NAME: _____
LAST FIRST M.I.

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

FORMER ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO: (____) ____ -- _____

ARE YOU 18 YEARS OR OLDER: Yes No

SPECIAL QUESTIONS

DO NOT ANSWER **ANY** OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Height ____ feet ____ inches Date Of Birth* ____/____/____
- Weight ____ lbs.
- What Foreign Languages do you speak fluently? _____ Read Write
- Are you prevented from lawfully becoming employed in the U.S? Yes No

*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

It is unlawful in Massachusetts 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 criminal penalties and civil liability.

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: ____/____/____ SALARY DESIRED: \$ _____

ARE YOU PRESENTLY EMPLOYED? Yes No IF SO, MAY WE INQUIRE
 OF YOUR PRESENT EMPLOYER? Yes No

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? Yes No IF SO, WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	* NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

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GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVE: _____

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT).

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

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____
 NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

_____/_____/_____
 NAME SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: ____/____/____

HIRED: Yes No POSITION: _____ DEPT: _____

SALARY WAGE: \$ _____ DATE REPORTING TO WORK: ____/____/____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER