APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME, FIRST) *
SOCIAL SECURITY NO.
PRESENT ADDRESS *
APT. NO.
CITY *
STATE *
ZIP *
ARE YOU 18 YEARS OR OLDER? ○ YES ○ NO
PHONE *
DO YOU HAVE A VALID MICHIGAN DRIVER'S LICENSE? ○ YES ○ NO
EMAIL ADDRESS *

DESIRED EMPLOYMENT

POSITION
DATE YOU CAN START
SALARY DESIRED
ARE YOU EMPLOYED NOW? ○ YES ○ NO
IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ○ YES ○ NO
EVER APPLIED TO THIS COMPANY BEFORE? ○ YES ○ NO
WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? ○ YES ○ NO
WHEN?
REASON FOR LEAVING

WHO REFERRED YOU TO THIS COMPANY?
☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISING ☐ FRIEND
☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALK-IN ☐ OTHER

EDUCATION

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

GENERAL

SPECIAL TRAINING

SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS | CITY | STATE | ZIP

STARTING DATE | LEAVING DATE | JOB TITLE

WEEKLY STARTING SALARY | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? ○ YES ○ NO

NAME OF SUPERVISOR | TITLE | PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS | CITY | STATE | ZIP

STARTING DATE | LEAVING DATE | JOB TITLE

WEEKLY STARTING SALARY | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? ○ YES ○ NO

NAME OF SUPERVISOR | TITLE | PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME OF PRESENT OR LAST EMPLOYER

ADDRESS | CITY | STATE | ZIP

STARTING DATE | LEAVING DATE | JOB TITLE

WEEKLY STARTING SALARY | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? ○ YES ○ NO

NAME OF SUPERVISOR	TITLE	PHONE

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES

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

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? ○ YES ○ NO

IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION (Box must be checked to be valid)

☐ "BY CHECKING THIS BOX, 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 THT 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."

DATE	NAME
*	*

* REQUIRED FIELDS