



"The ANSWER to Your Healthcare Needs"

Application for Employment
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

Date _____

Social Security # _____

Date of Birth _____

Name _____

Last First Middle

Present Address _____

Street City State Zip

Permanent Address _____

Street City State Zip

Phone No. [] Email _____ Are you 18 years or older? Yes [] No []

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes [] No []

HAVE YOU EVER BEEN CONVICTED OF A FELONY? [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEAMENOR? [] YES [] NO

If yes, please explain _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? Yes [] No [] May we contact your present employer? Yes [] No []

Ever applied to this company before? Yes [] No [] Where _____ When _____

Referred By _____

Table with 5 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, NO. OF YEARS ATTENDED, DID YOU GRADUATE, SUBJECTS STUDIED. Rows include GRAMMAR SCHOOL, HIGH SCHOOL, COLLEGE, and TRADE, BUSINESS, OR CORRESPONDANCE SCHOOL.

GENERAL

Subjects of Special Study or Research Work _____

Special Skills _____

U. S. Military or Naval Service _____

Branch

Rank

Present Membership in
National Guard or Reserves

FORMER EMPLOYERS (List below the last three employers, starting with the most recent)

| Date Month & Year | Name and Address of Employer | Salary | Position | Reason for Leaving |
|----------------------|------------------------------|--------|----------|-----------------------|
| From | | | | |
| To | | | | |
| Phone#: | | | | |
| From | | | | |
| To | | | | |
| Phone# | | | | |
| From | | | | |
| To | | | | |
| Phone# | | | | |

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Phone | Business | Years Acquainted |
|------|---------|-------|----------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Emergency Contact: _____

| Name | Address | Phone |
|------|---------|-------|
| | | |

Authority to release Information: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcements agencies, and other individuals and agencies to duly accredited investigators, human resources staff and other authorized employees of this company for the purpose of determining my eligibility and suitability for employment.

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS _____ ABILITY _____

HIRED: [] YES [] NO POSITION _____ DEPT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK _____

APPROVED: _____

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER