

# Application For Employment

PRE-EMPLOYMENT QUESTIONNAIRE/EQUAL OPPORTUNITY EMPLOYER



## PERSONAL INFORMATION

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## 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	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

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

## GENERAL INFORMATION

SPECIAL TRAITS/ SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

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

**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

**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 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 \_\_\_\_\_

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

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

**REMARKS**


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

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 EMPLOYMENT MANGAGER                      DEPARTMENT HEAD                      GENERAL MANAGER

## GENERAL

1). WHAT DO YOU FEEL IS THE MOST DIFFICULT PART OF CUSTOMER SERVICE? WHY?

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2). ARE YOU LEGALLY ELEGIBLE FOR EMPLOYMENT IN THE UNITED STATES?

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3). ARE YOU AVAILABLE TO WORK OVERTIME IF REQUIRED?

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4). ARE YOU AVAILABLE TO WORK WEEKENDS IF REQUIRED?

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5). DO YOU HAVE A SOUTH CAROLINA DRIVERS LICENSE? (CAN YOU LEGALLY DRIVE)?

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## WORK ATTITUDE

1). HOW WOULD YOU RATE YOUR WORK ATTITUDE?

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2). WHAT WAS YOUR LEAST FAVORITE JOB? WHY?

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3). WHAT WAS THE BEST JOB YOU'VE EVER HAD? WHY?

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## TEAM ATTITUDE

1). DO YOU WORK WELL WITH OTHERS OR DO YOU PREFER TO WORK ALONE?

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2). WHAT TRAITS OR CHARACTERISTICS DO YOU ADMIRE IN CO-WORKERS?

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3). WHAT TRAITS OR CHARACTERISTICS DO YOU DISLIKE IN CO-WORKERS?

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## GOALS

1). WHERE DO YOU WANT TO BE IN 5 YEARS?

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2). LIST 1 OF YOUR PERSONAL GOALS?

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3). HOW DO YOU PLAN TO ACCOMPLISH YOUR GOALS?

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_