

# 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, NUMBER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|-----------------------|--------|----------|--------------------|
|                     |                       |        |          |                    |
|                     |                       |        |          |                    |
|                     |                       |        |          |                    |
|                     |                       |        |          |                    |



## 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: \_\_\_\_\_

**WHAT DO YOU FEEL ARE YOUR GREATEST STRENGTHS?**

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**WHAT IS THE BEST CONSTRUCTIVE CRITICISM YOU'VE RECEIVED?**

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**DESCRIBE THE ACCOMPLISHMENT YOU ARE MOST PROUD OF?**

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**WHAT CAUSES YOU TO LOSE YOUR TEMPER?**

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**HOW WOULD YOUR FRIENDS DESCRIBE YOU?**

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**WHAT TYPE OF SUPERVISION BRINGS OUT THE BEST IN YOU?**

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**WHAT MAKES YOU STAND OUT IN FRONT OF YOUR PEERS?**

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**BASED ON YOUR EXPERIENCE, WHAT ARE TWO THINGS THAT MOTIVATED YOU TO DO GOOD WORK?**

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**PLEASE GIVE AN EXAMPLE OF WHERE YOU MADE THE MOST OF YOUR SPARE TIME?**

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**HOW DO YOU KEEP YOURSELF ORGANIZED AT WORK?**

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

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