

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 |
|---------------------|-----------------------|--------|----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| NAME | ADDRESS & CONTACT NUMBER | BUSINESS/RELATIONSHIP | 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 _____

*** PLEASE FILL OUT PAGES 3 AND 4 ***

INTERVIEWED BY _____

DATE _____

REMARKS

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| |
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| |

| | | | | |
|-------------|-----------|-----------|-------------|--------------|
| 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?

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

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

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

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

WORK ATTITUDE

1). HOW WOULD YOU RATE YOUR WORK ATTITUDE?

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

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

TEAM ATTITUDE

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

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

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

GOALS

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

2). LIST 1 OF YOUR PERSONAL GOALS?

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

SIGNATURE: _____

DATE: _____

WHAT DO YOU FEEL ARE YOUR GREATEST STRENGTHS?

WHAT IS THE BEST CONSTRUCTIVE CRITICISM YOU'VE RECEIVED?

DESCRIBE THE ACCOMPLISH YOU ARE MOST PROUD OF?

WHAT CAUSES YOU TO LOSE YOUR TEMPER?

HOW WOULD YOUR FRIENDS DESCRIBE YOU?

WHAT TYPE OF SUPERVISION BRINGS OUT THE BEST IN YOU?

WHAT MAKES YOU STAND OUT IN FRONT OF YOUR PEERS?

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

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

HOW DO YOU KEEP YOURSELF ORGANIZED AT WORK?

SIGNATURE: _____

DATE: _____