

# 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   |
| PERMANENT ADDRESS                     | APT. NO.     | CITY   | STATE  | ZIP   |
| PREVIOUS ADDRESS IF LESS THAN 3 YEARS | APT. NO.     | CITY   | STATE  | ZIP   |
| PHONE #                               | CELL PHONE # | ARE YOU 18 YEARS OR OLDER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO |       |
| EMAIL                                 |              | EMERGENCY CONTACT  | NAME   | PHONE |

## DESIRED EMPLOYMENT

|  |   |                                    |
|--|---|------------------------------------|
| POSITION   | DATE YOU CAN START  | SALARY DESIRED                     |
| ARE YOU EMPLOYED NOW?<br><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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?  | WHEN?                              |
| EVER WORKED FOR THIS COMPANY BEFORE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?  | WHEN?                              |
| REASON FOR LEAVING   |   |                                    |
| NAME OF LAST SUPERVISOR AT THIS COMPANY  |   |                                    |
| HOW DID YOU FIND OUT ABOUT THIS POSITION?  |   |                                    |
| <input type="checkbox"/> EMPLOYMENT AGENCY   | <input type="checkbox"/> NEWSPAPER ADVERTISING  | <input type="checkbox"/> FRIEND    |
| <input type="checkbox"/> STATE EMPLOYMENT OFFICE   | <input type="checkbox"/> COLLEGE PLACEMENT SERVICE  | <input type="checkbox"/> WALK IN   |
|  |   | <input type="checkbox"/> ONLINE AD |
|  |   | <input type="checkbox"/> 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

|  |
|--|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK |
| SPECIAL TRAINING, CERTIFICATIONS, LICENSES |
| SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.    |

## FORMER EMPLOYERS

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

|                                  |                     |  |           |
|----------------------------------|---------------------|--|-----------|
| 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? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| NAME OF SUPERVISOR               |                     | TITLE  | PHONE     |
| DESCRIPTION OF WORK              |                     |  |           |
| REASON FOR LEAVING               |                     |  |           |

|                           |                     |  |           |
|---------------------------|---------------------|--|-----------|
| NAME OF PREVIOUS EMPLOYER |                     |  |           |
| ADDRESS                   |                     | CITY   | STATE ZIP |
| STARTING DATE             | LEAVING DATE        | JOB TITLE  |           |
| WEEKLY STARTING SALARY    | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| NAME OF SUPERVISOR        |                     | TITLE  | PHONE     |
| DESCRIPTION OF WORK       |                     |  |           |
| REASON FOR LEAVING        |                     |  |           |

|                           |                     |  |           |
|---------------------------|---------------------|--|-----------|
| NAME OF PREVIOUS EMPLOYER |                     |  |           |
| ADDRESS                   |                     | CITY   | STATE ZIP |
| STARTING DATE             | LEAVING DATE        | JOB TITLE  |           |
| WEEKLY STARTING SALARY    | WEEKLY FINAL SALARY | MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| NAME OF SUPERVISOR        |                     | TITLE  | PHONE     |
| DESCRIPTION OF WORK       |                     |  |           |
| REASON FOR LEAVING        |                     |  |           |

## REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT.

|   | NAME | ADDRESS | BUSINESS | PHONE NUMBER |
|---|------|---------|----------|--------------|
| 1 |      |         |          |              |
| 2 |      |         |          |              |
| 3 |      |         |          |              |
| 4 |      |         |          |              |

## SERVICE RECORD

|   |                   |
|---|-------------------|
| HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO | BRANCH OF SERVICE |
| DISCHARGE DATE  | RANK              |

|   |
|---|
| HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, EXPLAIN.  |
|   |
|   |
|   |

( A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW. )

## 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 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 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 ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

|                |      |
|----------------|------|
| INTERVIEWED BY | DATE |
| COMMENTS       |      |
|                |      |
|                |      |
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| INTERVIEWED BY | DATE |
| COMMENTS       |      |
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|                        |                    |      |
|------------------------|--------------------|------|
| HIRED (DATE) FOR DEPT. | FOR POSITION       |      |
| SALARY WAGES           | WILL REPORT        |      |
|                        |                    |      |
| APPROVED<br>1          | EMPLOYMENT MANAGER | DATE |
| APPROVED<br>2          | DEPARTMENT MANAGER | DATE |
| APPROVED<br>3          | GENERAL MANAGER    | DATE |

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Form No. 9287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

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