

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION

Name (Last Name, First, MI) _____			
Social Security Number _____			
List all previous names (including Maiden Names) _____			
Present Address _____		Apt. No. _____	
City _____	State _____	Zip Code _____	Phone _____
Permanent Address _____		Apt. No. _____	
City _____	State _____	Zip Code _____	Phone _____
Email _____			
Date of Birth _____	Driver's License No. _____	State _____	

DESIRED EMPLOYMENT

Position _____	Desired Starting Date _____	Salary Desired _____
Are you employed now? Yes _____ No _____	If so, may we inquire of your present employer Yes _____ No _____	
Ever applied to this company before? Yes _____ No _____	When? _____	
Ever worked for this company before? Yes _____ No _____	When? _____	
Reason for leaving? _____		
Name of last supervisor at this company? _____		
Who referred you to this company? Employment Agency ___ Newspaper Advertising ___ Friend ___ State Employment Office ___		
College Placement Service ___ Internet ___ Walk-in ___ Other _____		

EDUCATION

Elementary School: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____
High School: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____
College: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____
Trade, Business or Correspondence School: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____

GENERAL

Subjects of special study or research work _____
Special Training _____
Special Skills _____

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

Name of present or last employer _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Starting Date _____ Ending Date _____ Job Title _____
Weekly Starting Salary _____ Weekly Final Salary _____ Annual Salary _____
May we contact your supervisor? Yes ___ No ___
Name of Supervisor _____ Title _____ Phone _____
Description of Work _____
Reason for Leaving _____

Name of previous employer _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Starting Date _____ Ending Date _____ Job Title _____
Weekly Starting Salary _____ Weekly Final Salary _____ Annual Salary _____
May we contact your supervisor? Yes ___ No ___
Name of Supervisor _____ Title _____ Phone _____
Description of Work _____
Reason for Leaving _____

Name of previous employer _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Starting Date _____ Ending Date _____ Job Title _____
Weekly Starting Salary _____ Weekly Final Salary _____ Annual Salary _____
May we contact your supervisor? Yes ___ No ___
Name of Supervisor _____ Title _____ Phone _____
Description of Work _____
Reason for Leaving _____

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

1. Name _____	Phone _____
Address _____	
City _____	State _____ Zip Code _____
Business _____	Years Acquainted _____
2. Name _____	Phone _____
Address _____	
City _____	State _____ Zip Code _____
Business _____	Years Acquainted _____
3. Name _____	Phone _____
Address _____	
City _____	State _____ Zip Code _____
Business _____	Years Acquainted _____

SERVICE RECORD

Branch of Service _____
Discharge Date _____ Rank _____ Honorable? Yes ___ No ___

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? Yes ___ No ___
IF YES, EXPLAIN (Will not necessarily exclude you from consideration).

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 nay agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

SIGNATURE

PRINTED

DATE

**AUTHORIZATION FOR RELEASE OF INFORMATION AND FOR THE PROCUREMENT
OF A BACKGROUND REPORT**

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and /or retention. I hereby authorize

_____ to obtain a background report containing the foregoing information from Securint, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Securint within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby release, discharge, exonerate, hold harmless and indemnify Securint, its affiliates, employees, representatives, agents and subcontractors, and any other person, entity, organization or institutions furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Securint, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Securint, unless such releases are determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES _____ NO _____

APPLICANT'S SIGNATURE

DATE

Printed Name _____

Street Address _____

City/State/Zip Code _____

Social Security No.* _____ Birthdate* _____

*Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY

Interviewed By	Date
Comments	

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Comments	

Date Hired	Department	Position
Salary Wages	Reporting Date	