

## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_

STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES  NO

**EMPLOYMENT DESIRED**

POSITION-  CARPENTER  CONCRETE FINISHER  EQUIPMENT OPERATOR  LABORER

DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_ EVER APPLIED TO THIS COMPANY BEFORE \_\_\_\_\_ WHEN \_\_\_\_\_

REFERRED BY- \_\_\_\_\_ NEWSPAPER AD- \_\_\_\_\_ OTHER- \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

SUBJECT OF SPECIAL STUDY \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS. \_\_\_\_\_

VALID PA DRIVERS LICENSE: YES \_\_\_\_\_ NO \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

\*This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	CONTACT & PHONE #
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS AQUAINTED	PHONE #
1					
2					
3					

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOURSELF?

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAN AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, 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."

DATE

NAME

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

NEATNESS

ABILITY

HIRED  YES  NO

POSITION

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED 1

2

EMPLOYMENT MANAGER

PROJECT MANAGER

PRE-EMPLOYMENT TEST-

ACT 34-

SAFETY TRAINING-

ACT 151-