

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PRESENT ADDRESS

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?		PHONE		
<input type="checkbox"/> YES <input type="checkbox"/> NO				

LAST

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
WHO REFERRED YOU TO THIS COMPANY?			
<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"/> OTHER			

FIRST

MIDDLE

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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 LAST OR PRESENT 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			

WHY ARE YOU APPLYING TO RECORD ARCHIVE?

WHAT SKILLS TO YOU POSSESS THAT WOULD BE AN ASSET TO OUR COMPANY?

DESCRIBE YOUR PREVIOUS JOB'S RESPONSIBILITIES:

WHAT DID YOU LIKE BEST/WORST?

WHAT MUSIC HAVE YOU PURCHASED IN THE LAST SIX MONTHS?

WHAT RADIO STATIONS TO YOU LISTEN TO?

DO YOU HAVE YOUR OWN FORM OF TRANSPORTATION?

HOW WOULD YOU BEST DESCRIBE YOURSELF?

DO YOU HAVE ANY COMPUTER SKILL?

PLEASE PROVIDE YOUR AVAILABILITY:

MON:

TUES:

WED:

THURS:

FRI:

SAT:

SUN:

IS THERE ANTHING PROHIBITIING COMPLETE SCHEDULING FLEXIBILITY?