



**APPLICATION FOR EMPLOYMENT:** PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME (LAST NAME FIRST):		SOCIAL SECURITY NUMBER:       -       -	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:    (    )	REFERRED BY:		

**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 INTERIOR STONE 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:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE:			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL:			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**GENERAL INFORMATION:**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE:	RANK:
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**FORMER EMPLOYERS:** (PLEASE LIST YOUR LAST FOUR EMPLOYERS BELOW, STARTING WITH THE MOST RECENT)

DATE MONTH & YEAR:	NAME & ADDRESS OF EMPLOYER:	SALARY:	POSITION:	REASON FOR LEAVING:
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

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## APPLICATION FOR EMPLOYMENT (CONTINUED):

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

NAME:	ADDRESS:	BUSINESS:	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 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 damages 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."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## DO NOT WRITE BELOW THIS LINE:

### REMARKS:

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NEATNESS:		CHARACTER:		
PERSONALITY:		ABILITY:		
HIRED:	FOR DEPT.	POSITION:	WILL REPORT:	SALARY WAGES:

### APPROVED:

1. EMPLOYMENT MANAGER: \_\_\_\_\_ 2. DEPARTMENT HEAD: \_\_\_\_\_ 3. GENERAL MANAGER: \_\_\_\_\_