

# APPLICATION FOR EMPLOYMENT

{PRE-EMPLOYMENT QUESTIONNAIRE} {AN EQUAL OPPORTUNITY EMPLOYER}

## PERSONAL INFORMATION

DATE: \_\_\_\_\_  
LAST FIRST MIDDLE

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes  No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes  No

## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_ 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  WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

## EDUCATION

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

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

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

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

U.S. MILITARY OR NAVAL SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? Yes  No

\*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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 PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

CONDITIONS OF EMPLOYMENT INCLUDE, BUT ARE NOT LIMITED TO, A VALID DRIVER'S LICENSE, NO DUI'S AND/OR RECKLESS OPERATION VIOLATIONS IN THE LAST THREE YEARS. EXCESSIVE POINTS ON DRIVER'S LICENSE MAY PRECLUDE EMPLOYMENT. ALL EMPLOYEES MUST AGREE TO REGULAR DRUG AND ALCOHOL TESTING AND SCREENING.

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME ADDRESS PHONE NO.

"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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE." BY MY SIGNATURE BELOW I AUTHORIZE VANDERWIST OF CINCINNATI, INC. TO ORDER A MOTOR VEHICLE REPORT, OBTAINED EITHER BY THIS COMPANY OR THEIR INSURANCE AGENT, TO BE USED TO DETERMINE MY ELIGIBILITY FOR EITHER EMPLOYMENT PURPOSES, THE RIGHT TO OPERATE A COMPANY VEHICLE, OR MY PERSONAL VEHICLE ON BEHALF OF VANDERWIST OF CINCINNATI, INC. THIS AUTHORIZATION APPLIES AS LONG AS THE ABOVE COMPANY EMPLOYS ME.

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

DO NOT WRITE BELOW THIS LINE

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

REMARKS: \_\_\_\_\_

NEATNESS: \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: Yes  No  POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

SALARY/WAGE: \_\_\_\_\_ DATE REPORTING TO WORK: \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_