



APPLICATION FOR EMPLOYMENT

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

Date _____

PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PREVIOUS ADDRESS

STREET

CITY

STATE

ZIP

ARE YOU 18 YEARS OR OLDER?

YES

NO

PHONE NO.

IN CASE OF
EMERGENCY
NOTIFY

NAME

ADDRESS

PHONE NO

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?

YES

NO

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE CONTACT YOUR
PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THE COMPANY BEFORE?

WHERE?

WHEN?

HAVE YOU EVER WORKED FOR THE COMPANY BEFORE?

WHERE?

WHEN?

REASON FOR LEAVING THE COMPANY, IF PREVIOUSLY EMPLOYED

NAME OF LAST SUPERVISOR AT THE COMPANY

HOW DID YOU
LEARN ABOUT US?

NEWSPAPER
ADVERTISEMENT

FRIEND

INTERNET

OTHER

EMPLOYMENT AGENCY

STATE EMPLOYMENT
OFFICE

COLLEGE PLACEMENT
SERVICE

WALK-IN

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED/MAJOR
HIGH SCHOOL				
COLLEGE				
COLLEGE				
PROFESSIONAL, TRADE, OR BUSINESS SCHOOL				

GENERAL

SUBJECTS OF SPECIAL TRAINING OR SPECIFIC EXPERIENCE IN EVENT PLANNING, PARTY RENTALS, ETC.

SPECIAL TRAINING

SPECIAL SKILLS

FORMER EMPLOYERS (List below last four employers, starting with the most recent)

NAME AND ADDRESS OF PRESENT OR MOST RECENT EMPLOYER

ADDRESS CITY STATE ZIP

START DATE END DATE

MONTH YEAR MONTH YEAR

Please circle

STARTING SALARY WEEKLY MONTHLY BIWEEKLY YEARLY FINAL SALARY WEEKLY MONTHLY BIWEEKLY YEARLY

Please circle

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO

DESCRIPTION OF WORK

REASON FOR LEAVING

PREVIOUS EMPLOYER

ADDRESS CITY STATE ZIP

START DATE END DATE

MONTH YEAR MONTH YEAR

Please circle

STARTING SALARY WEEKLY MONTHLY BIWEEKLY YEARLY FINAL SALARY WEEKLY MONTHLY BIWEEKLY YEARLY

Please circle

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DESCRIPTION OF WORK

REASON FOR LEAVING

PREVIOUS EMPLOYER

ADDRESS CITY STATE ZIP

START DATE END DATE

MONTH YEAR MONTH YEAR

Please circle

STARTING SALARY WEEKLY MONTHLY BIWEEKLY YEARLY FINAL SALARY WEEKLY MONTHLY BIWEEKLY YEARLY

Please circle

JOB TITLE MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO

DESCRIPTION OF WORK

REASON FOR LEAVING

MILITARY SERVICE

BRANCH OF SERVICE

DISCHARGE DATE
AND RANK

SPECIAL QUESTIONS

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NOLO
CONTENDRE OF A FELONY OR MISDEMEANOR*? YES NO*A conviction will not necessarily disqualify you
for employment

IF YES: DATE

NATURE OF OFFENSE

ARE YOU RELATED TO ANY WHO CURRENTLY WORKS FOR
THE COMPANY? YES NO If so, who?ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB APPLIED FOR WITH OR WITHOUT ACCOMODATION? YES NO

REFERENCES:List below the names of three persons not related to you, whom you have known at least one year in a
professional or business setting

NAME

TITLE

COMPANY

PHONE NUMBER

YEARS
ACQUAINTED

1.

2.

3.

NOTICE TO APPLICANTS

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, national origin, marital status, gender, religion, age, disability, or any other characteristic protected by law. We assure you that your opportunity for employment with the Company depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENTS BELOW

I certify that all information given on this employment application; any résumé that I submit to the company; any related papers and answers given during oral interviews are true and correct. I understand that the Company will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release all persons from liability who provide information to the Company during the course of any such investigation. _____ (initials)

APPLICANT'S SIGNATURE_____
(PLEASE PRINT OR TYPE NAME)_____
DATE

