



FAMILY & YOUTH INITIATIVES
Pre Employment Questionnaire
An Equal Opportunity Employer

Personal Information

NAME (Last name first)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
COUNTY OF RESIDENCE	PHONE	FAX	DATE OF BIRTH
EMAIL	CELL PHONE		DATE

Desired Employment

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?
EVER WORKED OR VOLUNTEERED FOR THIS COMPANY BEFORE? ___ YES ___ NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF PERSON YOU WORKED WITH HERE?		
WHO REFERRED YOU TO THIS COMPANY? ___ EMPLOYMENT AGENCY ___ NEWSPAPER AD ___ FRIEND ___ WALK IN		
___ STATE EMPLOYMENT OFFICE ___ COLLEGE PLACEMENT SERVICE ___ OTHER		

Education

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCH.				

General

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

References

Below, Give the Names of Three Persons You Are Not Related To,
Whom You Have Known For At Least One Year.

#	NAME	ADDRESS	OCCUPATION	YRS. KNOWN
1				
2				
3				

Service Record

BRANCH OF SERVICE	DISCHARGE DATE AND RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? ___ YES ___ NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)
HAVE YOU EVER BEEN REGISTERED AS A SEX OFFENDER? IF YES, EXPLAIN.

AS A PART OF MY EMPLOYMENT APPLICATION PROCESS, I AGREE TO THE FOLLOWING:
FINGERPRINTING
BACKGROUND CHECK BY LOCAL AUTHORITIES
I AGREE TO THE ABOVE PROCEDURES: ___ YES, I AGREE ___ NO, I DO NOT AGREE

Authorization

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERTAND 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 DAMAGE 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."

DATE

SIGNATURE

Former Employers

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? ___YES ___NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE AND ZIP	
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? ___YES ___NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE AND ZIP	
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? ___YES ___NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				