

APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT
QUESTIONNAIRE**
**AN EQUAL
OPPORTUNITY EMPLOYER**

PERSONAL INFORMATION

NAME (LAST NAME FIRST)				SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP	
PREVIOUS ADDRESS IF LESS THAN 3 YEARS	APT. NO.	CITY	STATE	ZIP	
PHONE #	CELL PHONE #	ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? ☐ YES ☐ NO	
EMAIL		EMERGENCY CONTACT	NAME	PHONE	

LAST

FIRST

MIDDLE

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 FOR THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?	
REASON FOR LEAVING			
NAME OF LAST SUPERVISOR AT THIS COMPANY			
HOW DID YOU FIND OUT ABOUT THIS POSITION? ☐ EMPLOYMENT AGENCY ☐ NEWSPAPER ADVERTISING ☐ FRIEND ☐ ONLINE AD ☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALK IN ☐ OTHER			

EDUCATION

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

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT.

NAME OF PRESENT OR 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	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	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				

REFERENCES

LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT.

	NAME	ADDRESS	BUSINESS	PHONE NUMBER
1				
2				
3				
4				

SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES?	☐ YES ☐ NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK	

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)?	☐ YES ☐ NO
IF YES, EXPLAIN.	

(A CONVICTIONAL RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW.)

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 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.

"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."

DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.		FOR POSITION
SALARY WAGES		WILL REPORT
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Form No. 9287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

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