### APPLICATION FOR EMPLOYMENT

# PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

LEKSONAL INFORM	AHON									ST
NAME (LAST NAME FIRST)				· .	:	SOCIA	L SECURITY NO.			
PRESENT ADDRESS		APT. NO.	CITY			STATE		ZIP		
PERMANENT ADDRESS	****	APT. NO.	CITY		*	STATE	*	ZIP		
ARE YOU 18 YEARS OR OLDER?	PHONE	<u> </u>								Ì
				k i						
DESIRED EMPLOYM	ENT									
POSITION				DATE YOU GAI	N START	SALA	RY DESIRED			FIRST
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMP	LOYER?	YE	S NO	· `	_L				
EVER APPLIED TO THIS COMPANY	/ BEFORE?	WHE	RE?			•••••••••••••••••••••••••••••••••••••••	WHEN?			
EVER WORKED FOR THIS COMPA	NY BEFORE?	WHE	RE?				WHEN?			
REASON FOR LEAVING						***************************************				
·										
NAME OF LAST SUPERVISOR AT T	HIS COMPANY									MIDDLE
								띮		
L EMPLOYMENT AGENCY L NEWSPAPER ADVERTISING L FRIEND										
L_ISTATE EMPLOYMENT OFFIC	E Llco	LLEGE PLAC	EMENT SE	RVICE	LJwa	LKIN		ОТНЕ	R	
EDUCATION										
SCHOOLLEVEL	NAME AND L	OCATION	OF SCH	400L	NO OF YE	ARS ED	DID YOU GRADUATE?	SUBJ	EGTS STUDIE	D
GRAMMAR SCHOOL	er ta la la calenda de la c	1000		the second						
***************************************					·					
HIGH SCHOOL										
COLLEGE										
COLLEGE										
										·
TRADE, BUSINESS OR CORRESPONDENCE										
SCHOOL.						***			-	
GENERAL					<b>.</b>					,
SUBJECTS OF SPECIAL STUDY OF	RESEARCH WORK	····				···	·····			
SPECIAL TRAINING										
SPECIAL SKILLS										



#### FORMER EMPLOYERS

IST BELOW LAST THREE EMPL	OYERS, STARTING W	ITH TH	E MOST RECENT					<u> </u>
NAME OF PRESENT OR LAST EMPLOYER								
ADDRESS	H	CITY	-	, ,	STATE			ZiP
STARTING DATE	LEAVING DATE	ــــــــــــــــــــــــــــــــــــــ		JOB TITLE	É			
WEEKLY STARTING SALARY	WEEKLY FINAL SAL	LARY	MAY WE CONTACT YOUR SUPERVISORS	?	YES	NO		
NAME OF SUPERVISOR		TITLE	<u> </u>				PHONE	
DESCRIPTION OF WORK								
REASON FOR LEAVING				***************************************				
NAME OF PREVIOUS EMPLOYER								
ADDRESS		CITY			STATE			ZIP
STARTING DATE	LEAVING DATE			JOB TITLI	E			
WEEKLY STARTING SALARY	WEEKLY FINAL SAI	LARY	MAY WE CONTACT YOUR SUPERVISOR	7	YES	NO		*
NAME OF SUPERVISOR	***************************************	TITLI	TITLE					
DESCRIPTION OF WORK								
		***************************************	2"					
REASON FOR LEAVING				····				
		Management	***************************************			·····		
				***************************************				
NAME OF PREVIOUS EMPLOYER					<del></del>			
ADDRESS		CITY			STATE			ZIP
STARTING DATE	LEAVING DATE			JOB TITL	.E			
WEEKLY STARTING SALARY	WEEKLY FINAL SA	LARY	MAY WE CONTACT YOUR SUPERVISOR	1?	YES	☐ NO		
NAME OF SUPERVISOR	······································	TITL	E	***************************************			PHONE	<u>.</u>
DESCRIPTION OF WORK								
			***************************************				)++ 4++++++	
REASON FOR LEAVING								

#### REFERENCES

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
The state of the s			
2		na di	
3			
Can you arean			
SERVICE RECORD  BRANCH OF SERVICE	DISCHARGE DATE RANK		
			': ·
,			
HAVE YOU BEEN CONVICTED OF A FELONY W	ITHIN THE LAST 5 YEARS?	YES NO	
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FR	IOM CONSIDERATION)		
	*		
Authorization			<b>%</b>
"I CERTIFY THAT THE FACTS CONTAINED IN TH UNDERSTAND THAT, IF EMPLOYED, FALSIFIED			
I AUTHORIZE INVESTIGATION OF ALL STATEME GIVE YOU ANY AND ALL INFORMATION CONCEI HAVE, PERSONAL OR OTHERWISE AND RELEA UTILIZATION OF SUCH INFORMATION.	RNING MY PREVIOUS EMPLOYMENT AND AN	IY PERTINENT INFORMATI	ON THEY MAY
I ALSO UNDERSTAND AND AGREE THAT NO RE AGREEMENT FOR EMPLOYMENT FOR ANY SPE FOREGOING, UNLESS IT IS IN WRITING AND SI	ECIFIED PERIOD OF TIME, OR TO MAKE ANY	AGREEMENT CONTRARY	
DATE SIGNATU			

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

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INTERVIEWED E	3Y		DATE	
COMMENTS			<del></del>	
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INTERVIEWED E	3Y		DATE	
COMMENTS				
		<del></del>		
INTERVIEWED B	37		DATE	
COMMENTS				
		***************************************		
<b></b>	F			
HIRED (DATE) F	OR DEPT.	FOR POSITION		
SALARY WAGES		WILL REPORT		
1160 136 913				
APPROVED 1	EMPLOYMENT MANAGER		DATE	
APPROVED 2	DEPARTMENT MANAGER	,	DATE	
APPROVED	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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