



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PLEASE FILL OUT COMPLETELY

PERSONAL INFORMATION

NAME Last	First	Middle/Maiden	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP	
PERMANENT ADDRESS	CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER? ___ YES ___ NO	EMAIL	PHONE	CELL	

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		
WHO REFERRED YOU TO THIS COMPANY? ___ EMPLOYMENT AGENCY ___ NEWSPAPER ADVERTISING ___ FRIEND ___ WALKIN ___ STATE EMPLOYMENT OFFICE ___ COLLEGE PLACEMENT SERVICE ___ OTHER (SPECIFY)		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# YRS ATTENDED ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

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FORMER EMPLOYERS

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

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 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 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			

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REFERENCES

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ___ YES ___ NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

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 REPRESENTATIVES OF THE COMPANY HAS THE 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 REPRESENTATIVE."

DATE

SIGNATURE

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

PERSONAL INFORMATION

NAME Last	First	Middle/Maiden	SOCIAL SECURITY NUMBER
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INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

DATE HIRED	FOR DEPARTMENT AND POSITION	DATE OF BIRTH
SALARY/WAGES	ORIENTATION DATE	FIRST DAY OF WORK

APPROVED (SUPERVISOR)	DATE
APPROVED (PRACTICE MANAGER)	DATE
APPROVED (PHYSICIAN) (IF APPLICABLE)	DATE