

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER



201 Bonita Ave, Bradford, IL 61421  
309-897-2030 866-811-5248 FAX

DATE: \_\_\_\_\_

## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME)			SOCIAL SECURITY NUMBER
ADDRESS			DRIVER'S LICENSE NUMBER
CITY	STATE	ZIP CODE	DATE OF BIRTH / /
HOME PHONE NO. ( )	CELL PHONE NO. ( )		REFERRED BY

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

## EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE OR BUSINESS SCHOOL			

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK, SPECIAL TRAINING, SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

CONTINUED ON OTHER SIDE

## REFERENCES

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS KNOWN

## DRIVING RECORD

(PLEASE LIST ALL TICKETS RECEIVED IN THE LAST THREE YEARS)

DATE RECEIVED	OFFENSE
DO YOU HAVE ANY MISDEMEANOR OFFENSES?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE EXPLAIN:
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE EXPLAIN:
HAVE YOU EVER FILED FOR BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO    IF YES, PLEASE EXPLAIN:

## 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 American with Disabilities Act (ADA) and other relevant federal and state laws."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

----- DO NOT WRITE BELOW THIS LINE -----

## REMARKS


NEATNESS	CHARACTER			
PERSONALITY	ABILITY			
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES

APPROVED BY: \_\_\_\_\_  
GENERAL MANAGER