

Application for Employment

Pre-Employment Questionnaire
An Equal Opportunity Employer

PERSONAL INFORMATION			
NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	

DESIRED EMPLOYMENT		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <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	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____		

EDUCATION				
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS 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
FORMER EMPLOYERS LIST BELOW 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES			
BELOW, GIVE THE NAMES OF TWO PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.			
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

SERVICE RECORD	
BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> 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 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

Pre-Employment Writing Sample:

Write a one paragraph statement on why you would like to work for ISI: