



1469 PCR 806 ❖ PERRYVILLE, MO 63775 ❖ PH: (573) 517-0011

APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION:

NAME: (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY #: (XXX-XX-XXXX)

PRESENT ADDRESS: (STREET / APT #) (CITY) (STATE) (ZIP CODE)

PREVIOUS ADDRESS: (STREET / APT #) (CITY) (STATE) (ZIP CODE)

PHONE #: DATE OF BIRTH: (MONTH/DAY/YEAR) ARE YOU 18 YEARS OR OLDER? YES NO (PLEASE CIRCLE ONE)

A CURRENT EMAIL ADDRESS:

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO (PLEASE CIRCLE ONE)

EMPLOYMENT POSITION DESIRED:

POSITION: DATE YOU CAN START: SALARY DESIRED:

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO (PLEASE CIRCLE ONE)

HAVE YOU EVER APPLIED WITH OR BEEN EMPLOYED BY THIS COMPANY BEFORE?: YES NO WHEN / DATE: (PLEASE CIRCLE ONE)

REFERRED BY?:

Table with 5 columns: EDUCATION, SCHOOL: NAME & LOCATION, \*NUMBER OF YRS ATTENDED, \*DID YOU GRADUATE, \*SUBJECTS OF INTEREST/STUDIED. Rows include HIGH SCHOOL, COLLEGE, and TRADE / BUSINESS CORRESPONDENCE SCHOOL.

GENERAL INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

SPECIAL SKILLS / TRADES:

ACTIVITIES: (CIVIC / ATHLETIC / ETC.)

EXCLUDE ORGANIZATIONS: THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARTIAL STATUS, COLOR ORNATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY SERVICE / BRANCH SERVED: RANK:

PRESENT MEMBERSHIP IN RESERVES?: NATIONAL GUARD OR OTHER, PLEASE SPECIFY:

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE

**FORMER EMPLOYEES: (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)**

DATE MONTH & YEAR:	NAME & ADDRESS OF EMPLOYER	( \$ ) SALARY	REASON FOR LEAVING
<b>FROM:</b>			
<b>TO:</b>			
<b>FROM:</b>			
<b>TO:</b>			
<b>FROM:</b>			
<b>TO:</b>			

❖ **ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OF LOCAL 1310?:** YES NO **WHEN:**  
(PLEASE CIRCLE ONE)

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR**

	NAME:	ADDRESS:	BUSINESS:	YEARS AQUINTED:
1.				
2.				
3.				

**EMERGENCY CONTACT INFORAMTION:**

NAME:	PHONE #:	RELATIONSHIP:
NAME:	PHONE #:	RELATIONSHIP:

"I CERTIFY THAT THE FACTS CONTAINED IN THE 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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINANT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITIES FOR DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT , IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE / EMPLOYER USE ONLY: DO NOT WRITE BELOW**

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

**PRESENTATION:** \_\_\_\_\_

**HIRE PROBABILITY:** YES / NO \_\_\_\_\_ **STARTING POSITION:** \_\_\_\_\_

**STARTING SALARY / WAGE:** \_\_\_\_\_ **DATE REPORTING TO WORK:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(EMPLOYMENT MANAGER)