

# APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle

Present Address \_\_\_\_\_  
 Street City State Zip

Permanent Address \_\_\_\_\_  
 Street City State Zip

Phone No. \_\_\_\_\_ Are you 18 years or older?  Yes  No

**SPECIAL QUESTIONS**

Do not answer **any** of the questions in this framed area unless the employer has **checked a box preceding** a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by National Security laws, or is needed for other legally permissible reasons.

- Height \_\_\_\_\_ Feet \_\_\_\_\_ inches  **Date of Birth\*** \_\_\_\_\_
- Weight \_\_\_\_\_ Lbs.  Are you prevented from lawfully becoming employed in the US?  Yes  No
- What foreign languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_
- Have you been convicted of a felony or misdemeanor within the last 5 years? \*\*  No  Yes, Describe: \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date available \_\_\_\_\_ Salary \_\_\_\_\_  
 Desired \_\_\_\_\_

Are you employed now?  Yes  No If yes, may we contact current employer?  Yes  No

Ever applied with the City of Durand before?  Yes  No If yes, when? \_\_\_\_\_

EDUCATION	Name & Location of School	# of Yrs attended	Did you Graduate?	Subjects Studied
Grammar School	_____			
High School	_____			
College	_____			
Other Schooling	_____			

**GENERAL**

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS** (List below last four employers, starting with the most current first).

Date Month & Year	Name and Address of Employer	Salary	Position	Reason for leaving
From To				
From To				
From To				
From To				

**REFERENCES:** Give the names of three people not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1			
2			
3			

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes  No If yes, please describe: \_\_\_\_\_

What can be done to accommodate your limitation? \_\_\_\_\_

Emergency  
Contact

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

"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 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 all parties from all liability for any 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 any prior notice."

Date \_\_\_\_\_ Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Hired:  Yes  No Position \_\_\_\_\_ Dept. \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date starting work \_\_\_\_\_

Approved: \_\_\_\_\_