



Application for Employment

Pre-Employment Questionnaire - Equal Opportunity Employer

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO		
PRESENT ADDRESS	CITY	STATE	ZIP	
PHONE NO	CELL PHONE	EMAIL		

EMPLOYMENT INFORMATION

POSITION APPLIED FOR	FULL TIME/PART TIME	DATE YOU CAN START	HOURLY RATE DESIRED
IF PART TIME, DAYS/HOURS YOU CAN WORK			
ARE YOU EMPLOYED NOW? YES NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE , BUSINESS, OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS (list below last four employers, starting with the last one first)

DATE MONTH AND YEAR	EMPLOYER / ADDRESS NAME & PHONE OF SUPERVISOR	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (give below the names of three persons not related to you, whom you have known at least one year.)

NAME	ADDRESS	BUSINESS	PHONE #	YEARS KNOWN

COMPUTER KNOWLEDGE

- ADOBE PHOTOSHOP YES / NO
- ADOBE ILLUSTRATOR YES / NO
- ADOBE INDESIGN YES / NO
- MICROSOFT WORD YES / NO
- MICROSOFT EXCEL YES / NO
- WEB DESIGN YES / NO

OTHER:

PLEASE TELL US ABOUT YOUR PRIOR COMPUTER EXPERIENCE

DATE

SIGNATURE