

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER



PERSONAL INFORMATION

Name (Last Name, First, MI) _____	
Social Security Number _____	
List all previous names (including Maiden Names) _____	
Present Address _____	Apt. No. _____
City _____ State _____ Zip Code _____	Phone _____
Permanent Address _____	Apt. No. _____
City _____ State _____ Zip Code _____	Phone _____
Date of Birth _____	Driver's License No. _____ State _____

DESIRED EMPLOYMENT

Position _____	Desired Starting Date _____	Salary Desired _____
Are you employed now? Yes _____ No _____	If so, may we inquire of your present employer Yes _____ No _____	
Ever applied to this company before? Yes _____ No _____	When? _____	
Ever worked for this company before? Yes _____ No _____	When? _____	
Reason for leaving? _____		
Name of last supervisor at this company? _____		
Who referred you to this company? Employment Agency _____ Newspaper Advertising _____ Friend _____ State Employment Office _____		
College Placement Service _____ Internet _____ Walk-in _____ Other _____		

EDUCATION

Elementary School: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____
High School: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____
College: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____
Trade, Business or Correspondence School: Name and location _____
No. of Years Attended? _____ Did you Graduate? _____ Special Subjects Studied _____

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 Code _____ Phone _____
Starting Date _____ Ending Date _____ Job Title _____
Weekly Starting Salary _____ Weekly Final Salary _____ Annual Salary _____
May we contact your supervisor? Yes ___ No ___
Name of Supervisor _____ Title _____ Phone _____
Description of Work _____
Reason for Leaving _____

Name of previous employer _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Starting Date _____ Ending Date _____ Job Title _____
Weekly Starting Salary _____ Weekly Final Salary _____ Annual Salary _____
May we contact your supervisor? Yes ___ No ___
Name of Supervisor _____ Title _____ Phone _____
Description of Work _____
Reason for Leaving _____

Name of previous employer _____
Address _____
City _____ State _____ Zip Code _____ Phone _____
Starting Date _____ Ending Date _____ Job Title _____
Weekly Starting Salary _____ Weekly Final Salary _____ Annual Salary _____
May we contact your supervisor? Yes ___ No ___
Name of Supervisor _____ Title _____ Phone _____
Description of Work _____
Reason for Leaving _____

**AUTHORIZATION FOR RELEASE OF INFORMATION AND FOR THE PROCUREMENT
OF A BACKGROUND REPORT**

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and /or retention. I hereby authorize

_____ to obtain a background report containing the foregoing information from Securint, P.O. Box 812289, Boca Raton, Florida 33481.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Securint within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby release, discharge, exonerate, hold harmless and indemnify Securint, its affiliates, employees, representatives, agents and subcontractors, and any other person, entity, organization or institutions furnishing information to them from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Securint, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Securint, unless such releases are determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES _____ NO _____

APPLICANT'S SIGNATURE

DATE

Printed Name _____

Street Address _____

City/State/Zip Code _____

Social Security No.* _____ Birthdate* _____

*Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another person in the event we discover adverse information during our background investigation.

DO NOT WRITE ON THIS PAGE
FOR INTERVIEWER'S USE ONLY

Interviewed By	Date
Comments	

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Comments	

Date Hired	Department	Position
Salary Wages	Reporting Date	