

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____

PRESENT ADDRESS _____

Street

City

TELEPHONE _____

State

Zip

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PERMANENT MAILING ADDRESS _____

Street

City

TELEPHONE _____

State

Zip

SOCIAL SECURITY NUMBER _____ ARE YOU 18 YEARS OLD OR OLDER? _____

ARE YOU A CITIZEN OF U.S.? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, WHEN, WHERE, AND NATURE OF OFFENSE? _____

ARE THERE ANY FELONY CHARGES PENDING AGAINST YOU? _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	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 _____

WHAT SPECIAL WORK EXPERIENCES HAVE YOU HAD? _____

WHAT FOREIGN LANGUAGES DO YOU SPEAK OR WRITE FLUENTLY? _____

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

LAST

FIRST

MIDDLE

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	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	YEARS ACQUAINTED
1				
2				
3				

HEALTH RECORD: DO YOU HAVE ANY IMPAIRMENTS PHYSICAL, MENTAL, OR MEDICAL WHICH WOULD INTERFERE WITH YOUR ABILITY TO DO THE JOB FOR WHICH YOU HAVE APPLIED? *

* Completion of this part of the application is optional and will not result in adverse treatment.

**IN CASE OF
EMERGENCY NOTIFY**

Name Address Phone No.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT 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 PREVIOUS NOTICE.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED FOR DEPT. POSITION WILL REPORT SALARY/
WAGES

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

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