



# APPLICATION FOR EMPLOYMENT

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

PERSONAL INFORMATION								LAST			
						DATE _____					
NAME						SOCIAL SECURITY NUMBER					
PRESENT ADDRESS		LAST	FIRST	MIDDLE							
PERMANENT ADDRESS		STREET	CITY		STATE	ZIP					
PHONE NO.		STREET	CITY		STATE	ZIP					
						ARE YOU 18 YEARS OR OLDER?		YES	NO		
						ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?				YES	NO
EMPLOYMENT DESIRED								FIRST			
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?						
REFERED BY _____								MIDDLE			
EDUCATION	NAME AND LOCATION OF SCHOOL		*NO OF 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											
SPECAIL SKILLS											
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)											
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.											
U.S. MILITARY OR NAVAL SERVICE		RANK			PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES						

\*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 EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSTIION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DO YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN ATLEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)

IT IS UNLAWFUL IN STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHELL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
Signature of Applicant

IN CASE OF EMERGENCY NOTIFY

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, 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 NOTICE AND WITHOUT CAUSE."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED:

YES

NO

POSITION

DEPT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1

2

3

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER

## CONSENT FORM

I hereby authorize Norred & Associates Inc. and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish bearer with any and all information, including criminal history, in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application that I sign.

I have been given a stand-alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Sex (optional-will be used for identification purposes only) \_\_\_\_\_

Date of Birth (will be used for identification purposes only) \_\_\_\_\_

Social Security Number (will be used for identification purposes only) \_\_\_\_\_

Drivers License Number & State (will be used for identification purposes only) \_\_\_\_\_  
\_\_\_\_\_

Print all former names used (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_