



Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

Name (Last Name First)		Social Security No.	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Referred By		

Employment Desired

Position		Date You Can Start	Salary Desired
Are You Employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire Of your present employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are You at Least 18 Years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If you are under 18 years of age, can you provide proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education History

Name & location of school	Years Attended	Did you Graduate?	Subjects Studied
High School			
College			
Trade, Business or Correspondence School			

General Information

Subject of special study/research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

Former Employers

Date Month and Year	Name & address of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				