

PRE-EMPLOYMENT
QUESTIONAIRE
AN EQUAL
OPPORTUNITY
EMPLOYER

P O Box 221, Orange MA 01364 Telephone (978) 544-6511 Fax (978) 544-6100

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST, FIRST):						
PRESENT ADDRESS:		APT NO.:	CITY:	STAT	TE:	ZIP:
MAILING ADDRESS:		APT NO.:	CITY:	STAT	TE:	ZIP:
ARE YOU 18 YEARS OR OLDER? YES NO	PHONE: CELL:			EMAIL:	L	
DESIRED EMPLOYMENT						
POSITION:	DATE YOU CA	DATE YOU CAN START: SALARY DES			DESIRED:	
ARE YOU EMPLOYED NOW? YES NO) MAY WE INQU OUR PRESENT I		YES	NO	
EVER APPLIED TO THIS COMPAN YES NO	NY BEFORE?	WHERE?			WHEN?	
EVER WORKED FOR THIS COMP. YES NO	ANY BEFORE?	WHERE?			WHEN?	
REASON FOR LEAVING:					•	
NAME OF LAST SUPERVISOR AT	THIS COMPAN	NY:				
WHO REFERRED YOU TO THIS C EMPLOYMENT AGEN		NEWSPAPER AD		FRIEND	ОТН	ER
STATE EMPLOYMENT OFFICE	E COLLEGI	E PLACEMENT S	SERVICE	WALK	-IN	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED?
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINES OR CORRESPONDENCE SCHOOL				

GENERAL

GENERAL
SUBJECT OF SPECIAL STUDY OR RESEARCH WORK PERFORMED
SPECIAL TRAINING: (CPR, FIRST AIDE ETC.)
DRIVER'S LICENSE/S: (CDL, CRANE ETC.)
SPECIAL SKILLS:

FORMER EMPLOYERS
LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER:						
ADDRESS:		CITY:	STATE:	ZIP:		
DATES OF EMPLOYMENT:		JOB TITLE:				
HOURLY RATE/SALARY:		MAY WE CONTACT YOUR SUPERVISOR?				
HOURLI RATE/SALARI;		YES NO				
NAME OF SUPERVISOR:	TITLE:	•	PHONE:			
DESCRIPTION OF WORK:						
DESCRIPTION OF WORK:						
REASON FOR LEAVING:						
REAL OF THE SECTION OF						
NAME OF PRESENT						
OR LAST EMPLOYER:	,					
ADDRESS:		CITY:	STATE:	ZIP:		
DATES OF EMPLOYMENT:		JOB TITLE:				
Diffes of EMILOTALIA.		GOD TITLE.				
HOURLY RATE/SALARY:		MAY WE CONTACT YOUR SUPERVISOR?				
NAME OF SUPERVISOR:	TITLE:	YES NO PHONE:				
NAME OF SUPERVISOR:	IIILE:		PHONE:			
DESCRIPTION OF WORK:						
REASON FOR LEAVING:						
NAME OF PRESENT						
OR LAST EMPLOYER: ADDRESS:		CITY:	STATE:	ZIP:		
ADDRESS.		CIII.	SIAIL.	ZII.		
DATES OF EMPLOYMENT:		JOB TITLE:				
HOUDLY DATE/CALADY.		MAY WE CONTACT YOUR SUPERVISOR?				
HOURLY RATE/SALARY:		YES NO				
NAME OF SUPERVISOR:	ME OF SUPERVISOR: TITLE:		PHONE:			
DESCRIPTION OF WORK:						
DEACON FOR LEAVING						
REASON FOR LEAVING:						

PROFFESIONAL REFERENCES

BELOW GIVE THE NAMES OF THREE PROFESSIONAL REFERENCES NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	BUSINESS	ADDRESS	PHONE	YEARS ACQUAINTED

MILITARY	SERVICE				
BRANCH OF S			DISCHARGE DAT	E AND RANK	
HAVE VOUD	EEN CONVICTED OF A FEI	CANAL TAL A NIVE OF		I ACT 5 VEADCO	
HAVE YOUB	YES NO	LONY IN ANY S	IAIE WITHIN THE	LASI 5 YEARS?	
IF YES EXPLAIN	N (WILL NOT NECESSARILY EX	CLUDE YOU FRO	OM CONSIDERATION).		
Authoriz	ZATION				
AUIHUKIZ	LATION				
KNOWLEDGE	HAT THE FACTS CONTAINE AND I HAVE READ AND UN I SHALL BE GROUNDS FOR	NDERSTAND TH			
EMPLOYERS I	D INVESTIGATION OF ALL S LISTED ABOVE TO GIVE YO T AND ANY PERTINENT INF FROM ALL LIABILITY FRO N.	U ANY AND AL FORMATION TH	L INFORMATION CO EY MAY HAVE, PERS	NCERINING MY PRI SONAL OR OTHERW	EVIOUS ISE AND RELEASI
ENTER INTO A AGREEMENT	RSTAND AND AGREE THAT AGREEMENT FOR EMPLOY! CONTRATY TO THE FOREG PRESENTATIVE."	MENT FOR ANY	SPECIFIC PERIOD OF	F TIME, OR TO MAK	E ANY
DATE	SIGNATURE		PRINTED NAMI	∃	