

# APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY EMPLOYER

LAST

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE			

FIRST

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH DEPARTMENT?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHICH DEPARTMENT?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY?		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPPER ADVERTISING	<input type="checkbox"/> FRIEND _____
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER _____

MIDDLE

## EDUCATION

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

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

APPLICATION FOR EMPLOYMENT

(EVANSVILLE COUNTRY CLUB)

# FORMER EMPLOYERS

LIST BELOW LAST FIVE EMPLOYERS, STARTING WITH THE MOST RECENT

1

NAME OF PRESENT OR LAST EMPLOYER		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

2

NAME OF PREVIOUS EMPLOYER		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

3

NAME OF PREVIOUS EMPLOYER		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

4

NAME OF PREVIOUS EMPLOYER		
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SUPERVISOR	TITLE	PHONE
DESCRIPTION OF WORK		
REASON FOR LEAVING		

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF A CRIME THAT HAS NOT BEEN  
EXPUNGED BY A COURT?

YES  NO

IF YES, EXPLAIN. (ANSWERING YES TO THIS QUESTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

## AUTHORIZATION

"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 AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE

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

INTERVIEWED BY:	DATE:
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION
SALARY WAGES	WILL REPORT

APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE