



**APPLICATION FOR EMPLOYMENT  
PRE-EMPLOYMENT QUESTIONNAIRE**

**EQUAL OPPORTUNITY EMPLOYER**

DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER (        )	EMAIL	REFERRED BY	

**EMPLOYMENT DESIRED**

POSITION	START DATE	SALARY DESIRED
ARE YOU EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO SKYLINE BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHEN?	

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

**GENERAL**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OF SPECIAL TRAINING/SKILLS	
UNION LOCAL NUMBER	UNION LEVEL
U.S. MILITARY OF NAVAL SERVICE	RANK

**CONTINUED...**

**FORMER EMPLOYERS** (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING	ADDITIONAL INFORMATION IF ANY
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

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

	NAME	ADDRESS	BUSINESS	YEARS KNOWN
1				
2				
3				

**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 OTHER 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 EMPLOYEE OF THE COMPANY HAS AUTHORITY TO ENTER ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS				
HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY/WAGES

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