

# APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

**SPECIAL QUESTIONS**

Do not answer **any** of the questions in this framed area unless the employer has **checked a box preceding** a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by National Security laws, or is needed for other legally permissible reasons.

- Are you 18 years or older?    Yes    No
- Are you prevented from lawfully becoming employed in the US?    Yes    No
- Have you been convicted of a felony or misdemeanor within the last 5 years? \*\*    No    Yes, Describe:

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.  
 \*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now?    Yes    No      If yes, may we contact current employer?    Yes    No

Ever applied with the City of Durand before?    Yes    No      If yes, when? \_\_\_\_\_

| EDUCATION       | Name & Location of School | # of Yrs attended | Did you Graduate? | Subjects Studied |
|-----------------|---------------------------|-------------------|-------------------|------------------|
| Grammar School  |                           |                   |                   |                  |
| High School     |                           |                   |                   |                  |
| College         |                           |                   |                   |                  |
| Other Schooling |                           |                   |                   |                  |

**GENERAL**

**FORMER EMPLOYERS** (List below last four employers, starting with the most current first).

| Date<br>Month & Year | Name and Address<br>of Employer | Salary | Position | Reason for leaving |
|----------------------|---------------------------------|--------|----------|--------------------|
| From<br>To           |                                 |        |          |                    |
| From<br>To           |                                 |        |          |                    |
| From<br>To           |                                 |        |          |                    |
| From<br>To           |                                 |        |          |                    |

**REFERENCES:** Give the names of three people not related to you, whom you have known at least one year.

| Name | Address & Type of Business | Phone Number | Years<br>Acquainted |
|------|----------------------------|--------------|---------------------|
| 1    |                            |              |                     |
| 2    |                            |              |                     |
| 3    |                            |              |                     |

**PHYSICAL RECORD:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes  No If yes, please describe: \_\_\_\_\_

What can be done to accommodate your limitation? \_\_\_\_\_

Emergency  
Contact

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, personal or otherwise, 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 any prior notice."

Date \_\_\_\_\_ Signature \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Hired:  Yes  No Position \_\_\_\_\_ Dept. \_\_\_\_\_

Salary/Wage \_\_\_\_\_ Date starting work \_\_\_\_\_

Approved: \_\_\_\_\_