



PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

DATE _____

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State ZIP

Telephone Number: _____ Social Security #: _____

Are you 18 years of age or older? Yes No

Are you legally able to work in the United States? Yes No

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?

Employment Desired

Position Requested: _____

Date you can start: _____ Wage Desired: _____

Are you currently Employed? Yes No

Have you ever applied to this company before? Yes No

If so, when did you apply? _____

Education

Do you have a High School Diploma or GED? Yes No

Name of last school attended: _____

City: _____ State: _____

Degrees, Certificates, Licenses, Endorsements:

Other Training or Skills (Computer Skills, Special Courses, Machines Operated):

References:

Name	Address	Phone	Relationship	Years Known

EMPLOYMENT HISTORY

List employers, starting with the current or most recent and explain gaps in time of employment.

Company Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor Name:** _____

Address: _____
Number Street City State ZIP

Start Date: _____ **End Date:** _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact this employer to verify this information? Yes No

Company Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor Name:** _____

Address: _____
Number Street City State ZIP

Start Date: _____ **End Date:** _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact this employer to verify this information? Yes No

Company Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor Name:** _____

Address: _____
Number Street City State ZIP

Start Date: _____ **End Date:** _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact this employer to verify this information? Yes No

Company Name: _____ **Phone #:** _____

Job Title: _____ **Supervisor Name:** _____

Address: _____
Number Street City State ZIP

Start Date: _____ **End Date:** _____ **Rate of Pay:** _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact this employer to verify this information? Yes No

Are you a citizen of the United States? Yes No

If NO, are you a legal resident of the United States? Yes No

If YES, attach a copy of your right to work in this country and state.

Have you ever been convicted of a felony in the United States? Yes No

If YES, attach a detailed explanation of the conviction and any subsequent time spent in jail or prison.

(Answering yes to this question does not automatically exclude you from consideration for the position you are applying for.)

Have you ever been convicted of Driving While Under the Influence of alcohol or controlled substance?
Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle?
Yes No

Has any license, permit or privilege ever been suspended or revoked?
Yes No

If the answer to A, B, or C is YES, give details.

DRIVER'S LICENSE – List each driver's license held in the past three years.

State	License No.	Type	Exp Date

DRIVING RECORD – List any accidents, traffic convictions and forfeitures for the last 3 years.

Date	Nature of Incident	Charge/Penalty

Internet Searching

- People/Business
 - Parts
 - Service
 - Google Adwords
- (Example of search engines-examples)

Microsoft Office

- WORD
 - EXCEL
 - POWERPOINT
 - PUBLISHER
 - ACCESS
- (mail merge, calendars, spreadsheets, business letters)

Other Computer Experience

- Photoshop
 - Adobe Illustrator
 - Web design experience
- (HTML, software for web design, ftp)

Email

- Outlook
 - Outlook Express
- (mass emails, email groups, attachments)

Computer Protection

- Disk cleanup
 - Disk Defragmenter
 - Spybot-Search and Destroy
 - Ad Aware
 - Norton Antivirus
- (trouble shooting, virus experience)

Accounting

- Quickbooks
- Quarterly Reports
- Reconciliation
- Sales Tax (exemption forms etc)

Office Equipment

- Toshiba Multi-line Phone System
- Voice Mail
- Paging
- Copy/Fax Machine
- Changing ink in copy machine

FOR OFFICE USE ONLY:

Date of Hire: _____

Last Day Worked: _____

Interview Notes:

Reference Notes:
