



PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <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	IF SO, WHEN?	

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

**GENERAL**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS

**FORMER EMPLOYERS**

(LIST BELOW YOUR LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

(GIVE BELOW THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Date: \_\_\_\_\_

### REQUEST FOR MOTOR VEHICLE RECORDS

I (We) \_\_\_\_\_ request motor vehicle information on:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State: \_\_\_\_\_

Name of person requesting information: \_\_\_\_\_

Company Representing: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consent: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission to my employer, \_\_\_\_\_

\_\_\_\_\_ to obtain my motor vehicle records and information.

Signed: \_\_\_\_\_