

# APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	MOBILE/BEEPER/OTHER PHONE NO.	EMAIL ADDRESS	
POSITION(S) APPLIED FOR		DATE OF APPLICATION	
HAVE YOU APPLIED BEFORE?	DATE YOU CAN START	SALARY DESIRED	

May we contact you at work?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , Work number	Best Time to Call?	<input type="checkbox"/> AM <input type="checkbox"/> PM
Will You travel if the job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If they have been explained to you, are you able to meet the attendance requirements of the position?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>No</b> , please explain:		
Are you available to work weekends		<input type="checkbox"/> Yes <input type="checkbox"/> No

Driver's License number required if driving may be required in the job your applying	License #	State
Have you ever been Bonded?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will all be taken into account.**

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>"yes"</b> please explain:	

# Employment History

Starting with your most recent employer, provide the following information

Employer	Phone ( )	Month	Year	Month	Year
Street address	City	state	Employed	<input type="checkbox"/>	to <input type="checkbox"/>
Job Position or Title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most present position held)	May be contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work pertains to this position.					
What did you like most about this position?					
What are the things you like least about this position?					
Employer	Phone ( )	Month	Year	Month	Year
Street address	City	state	Employed	<input type="checkbox"/>	to <input type="checkbox"/>
Job Position or Title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most present position held)	May be contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work pertains to this position.					
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Employer	Phone ( )	Month	Year	Month	Year
Street address	City	state	Employed	<input type="checkbox"/>	to <input type="checkbox"/>
Job Position or Title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most present position held)	May be contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
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Employer	Phone ( )	Month	Year	Month	Year
Street address	City	state	Employed	<input type="checkbox"/>	to <input type="checkbox"/>
Job Position or Title			<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$ per
Immediate supervisor and title (for most present position held)	May be contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later				
Why did you leave?					
Summarize the type of work pertains to this position.					
What did you like most about this position?					
What are the things you like least about this position?					

## Employment History

(Continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability

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If not addressed on previous page, have you ever been fired or asked to resign from a job?

Yes  No

If **yes**, please explain.

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## Educational Background

Starting with your most recent school attended, provide the following information

School (include City & State)	Years Completed	Completed	GPA Class Average	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

Lists names and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, List three school or personal references that are not related to you

Name	Title	Relationship to you	Telephone	Number of Years known

## Applicant's Statement

My Signature below constitutes authorization to check my employment history, including without limitations, criminal arrests and convictions, record checks, reference checks and release of investigatory information possessed by any state, local or federal agency. I further authorize those persons, agencies, or entities that The Furniture Gallery contacts in connection with my employment application to provide The Furniture Gallery with any information on the matters set forth in this application. In connection with any requests for privacy, or interference with contractual relations.

I certify that answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes is specifically acknowledged in writing by the board of directors of this organization.

I understand that any falsification of information or the use of misleading information on this application by me or supplied by me though an interview or any other means may result in my not being considered for employment, or having been employed, may result in my immediate dismissal or discharge. I also understand that if I am employed by The Furniture Gallery that I will be required by all the rules and regulations of The Furniture Gallery.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Remarks

Neatness		Character	
Personality		Ability	
Hired	For Dept	Position	Will Report
			Salary Wages

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_