

# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

### Personal Information

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

Name (Last Name First)		Social Security Number:	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number (     )	Referred By:		

Position Applied For:	Date You Can Start / Hours Available	Salary Desired
Have You Previously Worked Here?    Yes    No If Yes, When?	Are You Employed Now?    Yes    No If Yes, Where?	Are you Married?    Yes    No Any Children?    Yes    No
List Any Relatives or Friends That Work For This Company _____		
Have You Ever Been Arrested?    Yes    No	Were You Convicted?    Yes    No	
If Yes, Please Explain _____		

<u>Education</u>	<u>Name of School &amp; Location</u>	<u>Course of Study</u>	<u>Number of Years Completed</u>	<u>Did You Graduate</u>	<u>Diploma or Degree</u>
High School				Yes / No	
Trade or Business School				Yes / No	
College or University				Yes / No	
Graduate School				Yes / No	
Subjects of Special Study / Research Work or Special Training / Skills: _____ _____					

### Work History

<u>Name - Address - Phone No. of Employer</u>	<u>Position - Work Description</u>	<u>Salary</u>	<u>Date Start / End</u>	<u>Reason For Leaving</u>
			Start	
			End	
			Start	
			End	
			Start	
			End	
			Start	
			End	

## References

Name	Address & Phone Number	Relationship	Business	Years Known

<b>Additional Remarks for Consideration*</b>

## Applicant's Certificate/Authorization – Please Read Carefully Before Signing

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may result in my discharge.

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 any 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.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at-will.

<b>Applicant's Signature</b>	<b>Date</b>

----- **DO NOT WRITE BELOW THIS LINE** ----- Company Use Only -----

<b>Remarks:</b>

Neatness	Character	
Personality	Ability	
Hire Date	Will Report	Salary / Wage



## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
  
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_