

**APPLICATION FOR EMPLOYMENT**  
**Pre-employment questionnaire Equal Opportunity Employer**

**Personal Information**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Other number: \_\_\_\_\_

Referred by: \_\_\_\_\_

**Employment Desired**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Are you employed: Yes or No If so, may we inquire of your present employer: Y or N

Ever applied to this company before: Yes or No If so, Where: \_\_\_\_\_

**Education History**

High School \_\_\_\_\_ Did you graduate: Yes or No

College: \_\_\_\_\_ Did you graduate: Yes or No

**General Information**

Subjects of special study, research work or special training , skills:

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**Former Employers**

Date Month and Year: \_\_\_\_\_ Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date Month and Year: \_\_\_\_\_ Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Date Month and Year: \_\_\_\_\_ Name: \_\_\_\_\_ Salary: \_\_\_\_\_

Position: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**References**

Give below the names of 3 persons not related to you, whom you have known at least one year.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Business: \_\_\_\_\_

**Authorization**

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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

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

**DO NOT WRITE BELOW THIS LINE**

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

**Remarks**

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Neatness: \_\_\_\_\_ Character: \_\_\_\_\_ Personality: \_\_\_\_\_

**Coffee Experience:**

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