

Application for Employment

BOROUGH OF ELIZABETH

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

Date: _____

Name (Last Name First)			
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.	Secondary Phone No.	Referred By	

Employment Desired

Position	Date You Can Start	Salary Desired
Are you employed now? <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	Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
Ever applied to this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where	When
Ever worked for this company before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where	When
Reason for leaving		
		Name of Last Supervisor at this company

Education History

	Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

General Information

Subjects of Special Study/Research Work
Special Training, Certifications, Licenses
Subjects of special study/research work

Military Service Record

Have you ever served in the US Armed Forces? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Branch of Service	When
Discharge Date	Rank	

Former Employers (list below last three employers, starting with most recent)

Name of Present or Last Employer			
Address		City	State Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Title	Phone
Description of Work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Title	Phone
Description of Work			
Reason for Leaving			

Name of Previous Employer			
Address		City	State Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May We Contact Your Supervisor: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervisor		Title	Phone
Description of Work			
Reason for Leaving			

References (List professional references whom we may contact)

Name	Address	Business	Phone

Best time to contact you at home is: _____ AM _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

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 or 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.

Signature

Date

Do Not Write On This Page - For interviewer's Use Only

Interviewed By		Date
Remarks		
Neatness	Character	
Personality	Ability	

Interviewed By		Date
Remarks		
Neatness	Character	
Personality	Ability	

NOTES

Hired	Dept	Position	Start Date	Salary
Approval #1			Date	
Approval #2			Date	

Approval #3

Date