

The Trails—Employment Application

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPURTUNITY EMPLOYER

Personal Information: DATE _____

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

Employment Desired

POSTION	DATE YOU CAN START	REFERRED BY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

Former Employers

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

References (GIVE BELOW THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

General Information

LIST ANY OUTSIDE INTEREST (Need not to list any interest which would indicate religious or ethnic background)	
HAVE YOU BEEN CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GIVE FULL PARTICULARS:
ANSWERING THIS QUESTIONS "YES" WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM CONSIDERATION FOR EMPLOYMENT	
HAVE EVER BEEN TERMINATED FROM A PREVIOUS EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO REASON:	

"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 The Trails to contact references listed above to gain pertinent information regarding my eligibility for employment at The Trails.

Signature _____ Date _____

..... Do Not Write Below This Line

DATE _____ INTERVIEW BY _____

Remarks

APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	STARTING DATE: