



# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

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

## PERSONAL INFORMATION

Name:			Social Security Number:		
Last	First	Middle			
Present Address:					
Street	City	State	Zip		
Permanent Address:					
Street	City	State	Zip		
Are you 18 Years Or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone No:	Apt. No:	email:	
In Case Of Emergency Notify					
Name		Address		Phone	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## EMPLOYMENT DESIRED

Position:	Date you can start:	Salary Desired:
Are you Employed Now?	If so may we inquire of your present employer?	
Ever applied to this company before?	When?	
Ever worked for this company before?	When?	
Reason for leaving		
What town department did you work for?	Supervisors Name:	
Who referred you to this company? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Other		
<input type="checkbox"/> College Placement Service <input type="checkbox"/> Walked In <input type="checkbox"/> Friend		

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

Subjects of special study or research work:
Special Training:
Special Skills:

**FORMER EMPLOYERS**

(LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

Name and Address of Present or Last Employer:

Starting Date:

Month

Year

Leaving Date:

Month

Year

Weekly starting salary:

Weekly final salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone No:

Description Of Work:

Reason for leaving:

Name and Address of Present or Last Employer:

Starting Date:

Month

Year

Leaving Date:

Month

Year

Weekly starting salary:

Weekly final salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone No:

Description Of Work:

Reason for leaving:

Name and Address of Present or Last Employer:

Starting Date:

Month

Year

Leaving Date:

Month

Year

Weekly starting salary:

Weekly final salary:

Job Title:

May we contact your supervisor?

Name and Title of Supervisor:

Phone No:

Description Of Work:

Reason for leaving:

**REFERENCES**

(LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME:	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**SERVICE RECORD**

Branch of Service:

Discharge Date:

Rank:

Present Membership in  
National Guard Reserve?

Date obligation ends:

**SPECIAL QUESTIONS**

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you able to perform each of the following job functions with or without an accommodation?

Job Function 1: \_\_\_\_\_ Yes \_\_\_\_\_ No

If you can perform the function with an accommodation , explain how you would perform the tasks and with what accommodation

Job Function 2: \_\_\_\_\_ Yes \_\_\_\_\_ No

If you can perform the function with an accommodation , explain how you would perform the tasks and with what accommodation

Were you ever seriously injured? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give Details:

What foreign language do you speak frequently

I understand and agree that I may be required to take one or more \_\_\_\_\_ physical examination (s) as a condition of hiring or continuing employment. I agree to consent to take such test(s) at such time as designated by the town and to release the town, it's directors, officers, agents, or employers from any claim arising in connection with the use of such test(s) \_\_\_\_\_ Yes \_\_\_\_\_ No

**AUTHORIZATION**

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RESCUE'S RULES AND REGULATIONS AND THE TOWN OF LINCOLN'S POLICIES AND PROCEDURES.

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