



# APPLICATION FOR EMPLOYMENT

**PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY  
EMPLOYER**

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP
PREVIOUS ADDRESS IF LESS THAN 3 YRS	APT. NO	CITY	STATE	ZIP
PHONE #	CELL PHONE #	ARE YOU 18 YRS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEAGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL		EMERGENCY CONTACT	NAME	PHONE

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THE SEVILLE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	
HAVE YOU EVER WORKED FOR THE SEVILLE BEFORE?*	WHEN?	
REASON FOR LEAVING (*IF YES)		
NAME OF YOUR FORMER SUPERVISOR AT SEVILLE (*IF YES)		
HOW DID YOU FIND OUT ABOUT THIS <b>CURRENT</b> POSITION?		

## EDUCATION

HIGH SCHOOL	GRADUATED?	YEAR
COLLEGE	GRADUATED?	YEAR
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	GRADUATED?	YEAR

## GENERAL

SUBJECTS OS SPECIAL STUDY OR RESEARCH
SPECIAL TRAINING, CERTIFICATES, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC..

## FORMER EMPLOYMENT

LIST BELOW YOUR LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
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
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
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	YEARS KNOWN	RELATIONSHIP	PHONE
1				
2				
3				
4				

## SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN	

(A CONVICTION ON YOUR RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB-RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW)

## 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 SEVILLE FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE SEVILLE 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 ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY***

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED DATE	FOR POSITION
SALARY WAGES	WILL REPORT TO