



# IMPACT DESIGN

## APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE: \_\_\_\_\_

PERSONAL INFORMATION

LAST NAME, FIRST NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ S.S. #: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ D.O.B: \_\_\_\_\_

PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EMPLOYMENT DESIRED

POSITION DESIRED: \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES \_\_\_ NO \_\_\_ IF YES, WHEN? \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES \_\_\_ NO \_\_\_ IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES \_\_\_ NO \_\_\_

OTHER INFORMATION

ADDITIONAL TRAINING, SUBJECTS OF STUDY/RESEARCH, OR SPECIAL SKILLS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICES: \_\_\_\_\_ RANK: \_\_\_\_\_

EDUCATION HISTORY

	NAME & LOCATION	YEARS	SUBJECTS STUDIED
HIGH SCHOOL:	_____	_____	_____
COLLEGE:	_____	_____	_____
TRADE OR VOCATIONAL:	_____	_____	_____
OTHER:	_____	_____	_____

EMPLOYMENT HISTORY

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

	DATES	NAME & LOCATION	POSITION	REASON FOR LEAVING
FROM:	_____	_____	_____	_____
TO:	_____	_____	_____	_____
FROM:	_____	_____	_____	_____
TO:	_____	_____	_____	_____
FROM:	_____	_____	_____	_____
TO:	_____	_____	_____	_____

PLEASE LIST THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR

	NAME	CONTACT INFO	BUSINESS/PROFESSION	YEARS KNOWN
REFERENCE 1:	_____	_____	_____	_____
REFERENCE 2:	_____	_____	_____	_____
REFERENCE 3:	_____	_____	_____	_____

AUTHORIZATION

"I certify that the facts 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 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 information in a manner prohibited by the Americans with Disabilities Act (ADA) or other relevant and federal state laws."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

FOR OFFICE USE ONLY

REMARKS: \_\_\_\_\_

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NEATNESS \_\_\_\_\_ CHARACTER \_\_\_\_\_

PERSONALITY \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED \_\_\_\_\_ FOR DEPT \_\_\_\_\_ POSITION \_\_\_\_\_ REPORTS TO \_\_\_\_\_ SALARY/WAGE \_\_\_\_\_

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