

**ARC, FAYETTE COUNTY  
APPLICATION FOR EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

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

**PERSONAL INFORMATION**

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

**EMPLOYMENT DESIRED**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED PLEASE CIRCLE  YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? PLEASE CIRCLE  YES NO	
EVER APPLIED TO THIS COMPANY BEFORE PLEASE CIRCLE  YES NO	WHERE?	WHEN?

**NAME AND LOCATION OF SCHOOL**

HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
TRADE OR BUSINESS SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
COLLEGE	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED

LIST SUBJECTS OF SPECIAL STUDY/RESEARCH WORK/OR SPECIAL TRAINING/SKILLS:

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OVER

**FORMER EMPLOYERS-** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
U.S. MILITARY OR NAVAL SERVICE			RANK	

REFERENCES                      GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU,  
 WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	TELEPHONE NO	BUSINESS	YEARS KNOWN
1			
2			
3			

**AUTHORIZATION**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I 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 INFO.

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

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

REMARKS:

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NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT	POSITION	
WILL REPORT		SALARY/WAGES	

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

