

TOWN/COUNTY OF MENOMINEE
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____ / ____ / ____
Last First MI

MAILING ADDRESS _____
PO Box No City State Zip Driver's License Number

PHYSICAL ADDRESS _____
Physical City State Zip

ARE YOU 18 YEARS OR OLDER? YES NO PHONE NO. _____ Apt. No: _____

IN CASE OF EMERGENCY, NOTIFY: _____
Name Address Phone No.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE AVAILABLE _____ SALARY _____
(Salary Desired)

ARE YOU EMPLOYED NOW? YES NO

If So, May we inquire of your present employer? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO

If So, _____
Where? When?

EVER WORKED FOR THIS COMPANY BEFORE? YES NO

If So, _____
Where? When?

REASON FOR LEAVING? _____

NAME OF LAST SUPERVISOR AT THIS COMPANY _____

WHO REFERRED YOU TO THIS COMPANY

- EMPLOYMENT AGENCY NEWSPAPER ADVERTISEMENT STATE EMPLOYMENT OFFICE
 COLLEGE PLACEMENT SERVICE WALK-IN OTHER

EDUCATION

SCHOOL LEVEL	NAME/LOCATION OF SCHOOL	YRS. ATTENDED	GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING AND SKILLS

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

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE

*Month**Year*

LEAVING DATE

*Month**Year*

STARTING SALARY _____

ENDING SALARY _____

JOB TITLE _____

SUPERVISOR'S NAME _____

MAY WE CONTACT YOUR SUPERVISOR _____

PHONE NO. _____

DESCRIPTION OF WORK PERFORMED _____

REASON FOR LEAVING EMPLOYMENT _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE

*Month**Year*

LEAVING DATE

*Month**Year*

STARTING SALARY _____

ENDING SALARY _____

JOB TITLE _____

SUPERVISOR'S NAME _____

MAY WE CONTACT YOUR SUPERVISOR _____

PHONE NO. _____

DESCRIPTION OF WORK PERFORMED _____

REASON FOR LEAVING EMPLOYMENT _____

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER _____

STARTING DATE

*Month**Year*

LEAVING DATE

*Month**Year*

STARTING SALARY _____

ENDING SALARY _____

JOB TITLE _____

SUPERVISOR'S NAME _____

MAY WE CONTACT YOUR SUPERVISOR _____

PHONE NO. _____

DESCRIPTION OF WORK PERFORMED _____

REASON FOR LEAVING EMPLOYMENT _____

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

NAME	ADDRESS	BUSINESS	YRS. ACQUAINTED
1			
2			
3			

SERVICE RECORD

BRANCH OF SERVICE:

US Marine Corps

US Navy

DISCHARGE DATE: _____

US Air Force

US Army

MEMBERSHIP IN NATIONAL GUARD OR RESERVES

YES

NO

OBLIGATION ENDS _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THESE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS SHADED A BOX PRECEDING A QUESTION. THEREBY INDICATING THAT THE INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSABLE 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 LANGUAGES DO YOU SPEAK, IF ANY? _____

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST FIVE YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

I understand and agree that I may be required to take one or more physical examination, lie detector test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) YES NO

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. YES NO

(*) You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

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 COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S BOARD CHAIRPERSON, AND THEN ONLY WHEN WRITING AND SIGNED BY THE BOARD CHAIR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

APPLICANT'S SIGNATURE: _____

DATE _____