

# APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER (      ) \_\_\_\_\_ REFERRED BY \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION _____	DATE YOU CAN START _____	SALARY DESIRED _____
ARE YOU EMPLOYED <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		

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	MAJOR
<b>HIGH SCHOOL</b>			
<b>COLLEGE</b>			
<b>TECHNICAL SCHOOL</b>			

SUBJECTS OF SPECIAL STUDY OR SPECIAL TRAINING SKILLS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

US MILITARY BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

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

Date	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM      TO				
FROM      TO				
FROM      TO				
FROM      TO				

**REFERENCES**

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

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

**SCHEDULE OF AVAILABILITY ( PLEASE SPECIFY TIMES THAT YOU ARE AVAILABLE )**

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM SHIFT							
MID SHIFT							
PM SHIFT							

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK  YES  NO

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

**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 COMPANY FROM ALL LIABILITY FOR ANY DAMAGE 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.

REMARKS				
NEATNESS	PERSONALITY	CHARACTER	ABILITY	HIRED
				POSITION
				START DATE
				SALARY

APPROVED \_\_\_\_\_  
 INTERVIEWING MANAGER      DEPARTMENT MANAGER      GENERAL MANAGER

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