

eyecarehr@gmail.com

# Application for Employment

Pre-Employment Questionnaire  
Equal Opportunity Employer

## Personal Information

Date

Name (last name first)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address (if different)	City	State	Zip Code
Home phone	Cell phone	Referred by	

## Employment Desired

Position	Date You Can Start	Salary Desired
Are You Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If So, May We Inquire of Your Present Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Ever Applied to This Company Before? <input type="checkbox"/> YES <input type="checkbox"/> NO	Where?	When?

## Education History

Name & Location of School	Years Attended	Did You Graduate?	Degree Earned
Grammar School			
High School			
College			
Other College or Trade, Business, or Correspondence School			

## General Information

Subjects of Special Study/Research Work or Special Training/Skills	
U.S. Military or Naval Service	Rank

## Former Employers (List below last four employers, starting with the most recent)

Date Month and Year	Name & 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 and you have known at least one year.

Name	Address	Business	Years Known

**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.

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 \_\_\_\_\_

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**Remarks**


Neatness		Character	
Personality		Ability	
Hired	Position	Salary	

Approved 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
                     Employment Manager                      Department Head                      General Manager

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## **Application Questionnaire**

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- What skills would transfer from your previous positions to this position?
  
  
  
  
  
  
  
  
  
  
- What do you like or dislike about your current (or last) position? Why did you leave?
  
  
  
  
  
  
  
  
  
  
- What are your long-term career plans?
  
  
  
  
  
  
  
  
  
  
- What do you feel are your greatest strengths? Weaknesses?
  
  
  
  
  
  
  
  
  
  
- Why do you want this position?