



JEFFERSON COUNTY PWSD No. 12 APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION:

DATE:

NAME:

LAST

FIRST

MIDDLE

PRESENT ADDRESS:

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NO.:

ARE YOU 18 YEARS OR OLDER?

Yes ☐

No ☐

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes ☐

No ☐

EMPLOYMENT DESIRED:

POSITION:

DATE YOU
CAN START:

SALARY
DESIRED:

ARE YOU EMPLOYED NOW?

Yes ☐

No ☐

IF SO, MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

Yes ☐

No ☐

CAN YOU BE AVAILABLE FOR OCCAISONAL EMERGENCY CALLS AFTER HOURS?

Yes ☐

No ☐

ARE YOU WILLING TO BE ON-CALL ON A ROTATING SCHEDULE?

Yes ☐

No ☐

REFERRED BY:

EDUCATION:	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL		N/A	N/A	N/A
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL:

SUBJECTS OF SPECIAL STUDY OR WORK:

CERTIFICATIONS OR SPECIAL SKILLS:

U. S MILITARY OR
NAVAL SERVICE:

RANK:

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES:

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

LITHO IN U.S.A.

FORMER EMPLOYERS: (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF
EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NO.

THIS EMPLOYER PARTICIPATES IN THE FEDERAL E-VERIFY PROGRAM TO CONFIRM EMPLOYMENT ELEGIBILITY.

I CERTIFY THAT ALL 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 CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS 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 PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, 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.

DATE:

SIGNATURE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS:

ABILITY:

HIRED: ☐ Yes ☐ No

POSITION:

DEPT.:

SALARY/WAGE:

DATE REPORTING TO WORK:

APPROVED BY: