



MCHD Application for Employment

Pre-Employment Questionnaire/An Equal Opportunity Employer

Personal Information:

Name Last: _____ First: _____ Middle Initial: _____

Phone #: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Are You 18 or Older? Yes No Are You a U.S. Citizen? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give date of conviction and explain conviction: _____

Who referred you to this company? Employment Agency Newspaper Ad Friend Walk-in
State Employment Office College Placement Strvc. Other

Desired Employment:

Position: _____

Date You Can Start: _____ Desired Salary: _____

Are you employed now? Yes No If yes, may we contact your current employer? Yes No

Have you ever applied at this company before? Yes No If yes, when? _____

Have you ever worked for this company before? Yes No If yes, when? _____

Who was your supervisor: _____

Reason for Leaving: _____

Name of last supervisor at this company? _____

Education:

Grammar School:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Did you graduate? Yes No How many years did you attend? _____

What subjects did you study? _____

High School: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Did you graduate? Yes No How many years did you attend? _____
What subjects did you study? _____

College: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Did you graduate? Yes No How many years did you attend? _____
What subjects did you study? _____

Trade, Business or Correspondence School(s):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Did you graduate? Yes No How many years did you attend? _____
What subjects did you study? _____

General:

Are you involved in any subjects of special study or research work? _____

Do you have any special training? _____

Do you have any special skills? _____

Former Employers: *Please List Below the Last Three Employers, Starting with the Most Recent*

1 Name of Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Start Date: _____ Title when Starting: _____
Starting Salary: _____
Leaving Date: _____ Title when Leaving: _____
Leaving Salary: _____
Name of Supervisor: _____ Title: _____
Phone: _____ May we Contact your supervisor? Yes No
Description of work? _____

Reason for leaving? _____

2 Name of Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Start Date: _____ **Title when Starting:** _____

Starting Salary: _____

Leaving Date: _____ **Title when Leaving:** _____

Leaving Salary: _____

Name of Supervisor: _____ **Title:** _____

Phone: _____ **May we Contact your supervisor?** Yes No

Description of work? _____

Reason for leaving? _____

3 Name of Employer: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Start Date: _____ **Title when Starting:** _____

Starting Salary: _____

Leaving Date: _____ **Title when Leaving:** _____

Leaving Salary: _____

Name of Supervisor: _____ **Title:** _____

Phone: _____ **May we Contact your supervisor?** Yes No

Description of work? _____

Reason for leaving? _____

Service Record:

Branch of Service: _____ **Rank:** _____

Date of Discharge: _____

Authorization:

I, the applicant, 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, the applicant, 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, the applicant, also understand and agree that no representatives 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.

Signature: _____ **Date:** _____