



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL
OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	REFERRED BY		

EMPLOYMENT DESIRED

POSITION TITLE	AVAILABLE START DATE	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREVIOUSLY APPLIED TO WRCOG? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT POSITION?	WHEN?

EDUCATION

LEVEL OF STUDY	NAME OF INSTITUTION	SUBJECTS STUDIED	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL				
UNDERGRADUATE INSTITUTION				
POST-GRADUATE INSTITUTION				
TRADE OR TECHNICAL TRAINING INSTITUTION				

OTHER EXPERIENCE

IF YOU HAVE YOU SERVED IN U.S. ARMED FORCES, PLEASE SPECIFY:	RANK
DESCRIBE ANY SUBJECTS OF STUDY, RESEARCH WORK OR SPECIAL TRAINING / SKILLS:	

FORMER EMPLOYERS

(LIST LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH AND YEAR	EMPLOYER, NAME AND PHONE	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			

PROFESSIONAL REFERENCES

NAME	EMAIL ADDRESS	BUSINESS	PHONE NUMBER
1.			
2.			
3.			
4.			
5.			

PERSONAL REFERENCES

PROVIDE INFORMATION FOR TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	EMAIL ADDRESS	YEARS KNOWN	PHONE NUMBER
1.			
2.			

HOW DID YOU HEAR ABOUT THIS POSITION? (PLEASE CHECK ALL THAT APPLY OR SPECIFY OTHER)

LINKEDIN IDEALIST CALOPPS GOVERNMENT JOBS

OTHER, PLEASE LIST _____

PLEASE ATTACH RESUME TO APPLICATION

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.”

SIGNATURE _____ DATE _____