

**APPLICATION FOR EMPLOYMENT**

Pre-Employment Questionnaire

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_  
 \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Telephone #1: \_\_\_\_\_ Telephone #2: \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you 18 years old or older? \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Check type of employment desired:  Full Time  Part Time  PRN  Temporary/Seasonal

Check days available:  Monday  Tuesday  Wednesday  Thursday  Friday

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where: \_\_\_\_\_ When: \_\_\_\_\_

Referred by: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar school	_____	_____	_____	_____
	_____	_____	_____	_____
High school	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Trade, business, or correspondence school	_____	_____	_____	_____
	_____	_____	_____	_____

**GENERAL**

Subjects of special study or research work: \_\_\_\_\_

What special work experiences have you had? \_\_\_\_\_

U.S. Military or Naval Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Rank & Duties: \_\_\_\_\_

Present Membership in National guard or reserves? \_\_\_\_\_

**PRIOR EMPLOYMENT**

*(Start with most recent employer)*

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

Employer	Phone	From:	To:
Address	City, State, Zip	Position:	
Duties:		Supervisor's name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

**REFERENCES:** Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	YEARS KNOWN	TELEPHONE	EMAIL ADDRESS

In case of emergency, notify: \_\_\_\_\_  
Name
Address
Telephone

The above information is true and complete to the best of my knowledge. Should I be employed by Great Lakes Eye Care, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Great Lakes Eye Care has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Great Lakes Eye Care.

I understand this application does not constitute an employment contract of any kind. Should I be employed by Great Lakes Eye Care, I may resign such employment at any time at my discretion with or without prior notice, and Great Lakes Eye Care may terminate my employment at any time at their discretion, with or without prior notice. I also understand that my supervisor has no authority to change this at-will relationship. This constitutes the entire agreement concerning potential employment with Great Lakes Eye Care.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**SUMMARY OF INTERVIEW:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accepted for employment: Yes No Position: \_\_\_\_\_

Starting rate \$\_\_\_\_\_ per Hour Week Year Scheduled to start work: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_