



PRE-EMPLOYMENT QUESTIONNAIRE  
 EQUAL OPPORTUNITY EMPLOYER  
 25 Newport St Fitchburg, MA 01420  
 p: 978-342-3366 f: 978-345-0644

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:
PERMENANT ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NO ( )	REFERRED BY:		

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### GENERAL

SUBJECTS OF SPECIAL STUDY / RESEARCH WORK OR SPECIAL TRAINING / SKILLS	
U.S MILITARY OR NAVAL SERVICE	RANK

### FOMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

DATE MONTH & YEAR	NAME & ADRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

