

**APPLICATION FOR EMPLOYMENT**  
**Blitz Research**

**PRE-EMPLOYMENT**  
**QUESTIONNAIRE**  
**AN EQUAL OPPORTUNITY**  
**EMPLOYER**

**Personal Information**

Name (Last Name, First Name)		Social Security Number		
Present Address	Apt. No.	City	State	Zip Code
Permanent Address	Apt. No.	City	State	Zip Code
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone	Applying Date		

**Desired Employment**

Position	Date You Can Start	Salary Desired
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, 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?
Ever worked for this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where?	When?
Reason for leaving? _____		
Name of last supervisor at this company		
Who referred you to this company		
Employment Agency <input type="checkbox"/>	Newspaper Advertising <input type="checkbox"/>	Friend <input type="checkbox"/>
State Employment Agency <input type="checkbox"/>	Radio <input type="checkbox"/> Walk In <input type="checkbox"/>	Other <input type="checkbox"/>
		Television <input type="checkbox"/>
		Craigslist <input type="checkbox"/>

**Education**

School Level	Name & Location of School	No. Of years attended	Did you graduate
Grammar School			
Highschool			
College			
Trade, Business or Correspondance School			

**General**

Subjects of Special Study or Research Work
Special Training
Special Skills

**Former Employers**

List below last three employers starting with the most recent one first.

Name of present employer or last employer			
Address		City	State      Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor			
Description of Work			
Reason for Leaving			
Name of Previous Employer			
Address		City	State      Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor			
Description of Work			
Reason for Leaving			
Name of Previous Employer			
Address		City	State      Zip Code
Starting Date	Leaving Date	Job Title	
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Supervisor			
Description of Work			
Reason for Leaving			

**References**

Below give the names of three persons you are not related to whom you have known for atleast one year

Name	Address	Relation or Business	Years Acquainted

**Service Record**

Branch of Service	Discharge Date and Rank

Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes-explain (will not necessarily exclude you from consideration)		

**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.

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

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

Pre-screened By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired (Date) For Department: \_\_\_\_\_

For Position: \_\_\_\_\_

Will Report To: \_\_\_\_\_

Starting Wages: \_\_\_\_\_

Approved: Employment Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: Department Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during the POST HIRING INTERVIEW.