

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER



The Village
at Penn State

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name First Name Middle Social Security Number

Present Address City State Zip Code

Permanent Address City State Zip Code

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Telephone Number(s)

Are you 18 years or older? Yes _____ No _____

Have you lived in the state of Pennsylvania for the last two years? Yes _____ No _____

DESIRED EMPLOYMENT

Position(s) you are applying for: _____

Check those that apply: Full-time _____ Part-time _____ Weekends _____ Evenings only _____

Date Available to start: _____ Salary Desired _____

Are you employed now? Yes _____ No _____ If so, may we contact your employer? Yes _____ No _____

Ever applied to this company before? Yes _____ No _____ If yes, where and when? _____

Ever worked for this company before? Yes _____ No _____ If yes, where and when? _____

Reason for leaving: _____

Who referred you to this company? Employment agency _____ Advertisement _____

Friend _____ Walk in _____ State Employment Office _____ Other _____

EDUCATION

High School

Name

Location

Did you graduate? Yes _____ No _____ Course(s) Studied _____

College

Name

Location

Did you graduate? Yes _____ No _____ Years attended _____ Course(s) Studied _____

Trade or Business School _____

Did you graduate? Yes _____ No _____ Years attended _____ Course(s) Studied _____

List any special trainings, skills, studies, or research work: _____

FORMER EMPLOYMENT

List your last three employers, starting with the most recent first.

Name of present or last employer

Address

City

State

Zip Code

Start Date

End Date

Job Title

Current Salary

Name of Supervisor, Title, Telephone Number

May we contact? Yes _____ No _____

Description of Work

Reason for Leaving

Name of previous employer

Address City State Zip Code

Start Date End Date Job Title Current Salary

Name of Supervisor, Title, Telephone Number

May we contact? Yes _____ No _____

Description of Work

Reason for Leaving

Name of previous employer

Address City State Zip Code

Start Date End Date Job Title Current Salary

Name of Supervisor, Title, Telephone Number

May we contact? Yes _____ No _____

Description of Work

Reason for Leaving

REFERENCES

Please list the names of three people you are not related to and have known at least one year.

Name	Address	Phone	Business	Years acquainted

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. EMPLOYMENT IS ON AN "AT-WILL" BASIS AND IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OR THE METHOD OF PAYMENT OF WAGES OR SALARY, BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE.

Printed Name of Applicant

Signature

Date