

APPLICATION FOR EMPLOYMENT

KYCC (YOUR CHRISTIAN COMPANION)

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS			APT. NO.	CITY
PERMANENT ADDRESS			APT. NO.	CITY
ARE YOU 18 YEARS OR OLDER?			PHONE	
<input type="checkbox"/> YES	<input type="checkbox"/> No			

DESIRED EMPLOYMENT

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU EMPLOYED NOW		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER			
<input type="checkbox"/> YES	<input type="checkbox"/> No	<input type="checkbox"/> YES	<input type="checkbox"/> No		
EVER APPLIED TO THIS COMPANY BEFORE		WHERE		WHEN	
<input type="checkbox"/> YES	<input type="checkbox"/> No				
EVER WORKED FOR THIS COMPANY BEFORE		WHERE		WHEN	
<input type="checkbox"/> YES	<input type="checkbox"/> No				
REASON FOR LEAVING					
NAME OF LAST SUPERVISOR AT THIS COMPANY					
WHO REFERRED YOU TO THIS COMPANY					
<input type="checkbox"/>	EMPLOYMENT AGENCY	<input type="checkbox"/>	NEWSPAPER ADVERTISEMENT		
<input type="checkbox"/>	FRIEND	<input type="checkbox"/>	STATE EMPLOYMENT OFFICE		
<input type="checkbox"/>	WALK-IN	<input type="checkbox"/>	COLLEGE PLACEMENT SERVICE		
<input type="checkbox"/>	OTHER				

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. 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	
SPECIAL TRAINING	
SPECIAL SKILLS	

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT

NAME OF PREVIOUS EMPLOYER							
ADDRESS		CITY		STATE		ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY					
NAME OF SUPERVISOR				TITLE		PHONE	
MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/>	YES	<input type="checkbox"/>	No
DESCRIPTION OF WORK							
REASON FOR LEAVING							

NAME OF PREVIOUS EMPLOYER							
ADDRESS		CITY		STATE		ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY					
NAME OF SUPERVISOR				TITLE		PHONE	
MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/>	YES	<input type="checkbox"/>	No
DESCRIPTION OF WORK							
REASON FOR LEAVING							

NAME OF PREVIOUS EMPLOYER							
ADDRESS		CITY		STATE		ZIP	
STARTING DATE		LEAVING DATE		JOB TITLE			
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY					
NAME OF SUPERVISOR				TITLE		PHONE	
MAY WE CONTACT YOUR SUPERVISOR?				<input type="checkbox"/>	YES	<input type="checkbox"/>	No
DESCRIPTION OF WORK							
REASON FOR LEAVING							

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACCQUAINTED

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK

HAVE YOU BEE CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?			
<input type="checkbox"/>	YES	<input type="checkbox"/>	No
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 INFORMATIN CONCERNING MY PREVIOUS EMPLOYMENT AND PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELASE 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 RESPRESENTATIVE."

DATE SIGNATURE