

Pre Employment Questionnaire (an equal opportunity employer)

Section I - Personal Information

Date Applied

Name

Social Sec. No.

Present Address

Phone Number

Are you 21 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Section II - Employment Desired

Position Applied

Date you can start

Salary Desired

Are you employed now?

If so, may we inquire of your present employer?

Ever applied here before?

If so, when?

Referred by

Section III - Education

	Name & Location of School	Years	Did you Graduate?	Special Studies
Elementary				
High School				
College				
Trade/Other				

Section IV - General

Subjects of Special Study or Research Work

Special Skills

Activities: civic/athletic/etc.

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members

US Military or Naval Service

Rank

Present Membership in National Guard or Services

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 28, 1991.

(Continued on Other Side)

Section V-Previous Employment

Date/Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this Job?

Section VI-References

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

Name	Address	Business/Association
1		
2		
3		

Section VII-Completion

In Case of
Emergency Contact

Name	Address	Phone

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at anytime.

In consideration of my employment, I agree to conform to the County's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at either my or the County's option. I also understand and agree that the county may change the terms and conditions of my employment, with or without cause, and with or without notice, at anytime. I understand that no County representative, other than it's Fiscal Court, and then only when in writing and approved by Fiscal Court in open session, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE--FOR EMPLOYER ONLY

Interviewed by _____ Date _____
Remarks _____

Neatness _____ Ability _____
Hired Yes No Position _____ Department _____
Salary/Wage _____ Date to Report _____
Approved 1. _____ 2. _____ 3. _____
Supervisor Judge-Executive Other Needed