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**APPLICATION FOR EMPLOYMENT**  
 (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

YES

NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

Yes

No

**EMPLOYMENT DESIRED**

POSITION

DATE YOU  
 CAN START?

SALARY  
 DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE  
 OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHEN?

EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?

WHEN?

REFERRED BY

EDUCATION	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 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  
 RESERVES

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS. STARTING WITH LAST ONE FIRST.)

DATE MONTH AND 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?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)

IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE FECTOR TEST AS A  
CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. AND I UNDERSTAND THAT IF  
ANY FALSE INFORMATION, OMISSION, OR MISREPRESENTAIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED. AND IF I AM  
EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOMENT. I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. AND I AGREE THAT MY  
EMPLOYMENT AND COMPENSATION CAN BE TERMINATED. WITH OR WITHOUT CASUE, AND THAT THE TERMS AND CONDITIONS OF MY  
EMPLOYMENT MAY BE CHANGED. WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. AT ANY TIME BY THE COMPANY. I UNDERSTAND  
THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT  
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.

DATE: SIGNATURE:

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY:

TIME:

DATE:

REMARKS

POSITION:

PLANT:

DAYS / NIGHTS

DRUG SCREEN APPT:

TIME

DATE: