



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)
(AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____
Application for ___ Full-time ___ Part-time

Personal Information

NAME _____ SOCIAL SECURITY NUMBER XXX-XX-_____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ (LANDLINE) _____ (CELL) EMAIL _____ @ _____

ARE YOU 18 YEARS OR OLDER 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 LONGENECKER'S BEFORE? _____ WHEN? _____

REFERRED BY _____

Education	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR TECHNICAL SCHOOL				

General

Subjects of special study or special training or certifications received _____

Special Skills _____

Activities (Civic, Athletic, etc.) _____

U.S. Military or Naval Service _____ Rank _____ Present membership in National Guard or Reserves _____

