

LYNDEN MANOR APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		MIDDLE INITIAL	SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
PHONE NO.		REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS:	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS. STARTING WITH LAST ONE FIRST)

DATE MONTH/YEAR FROM TO	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

(CONTINUED ON OTHER SIDE)

REFERENCES

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

NAME	PHONE	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

CONTACTS IN CASE OF EMERGENCY

NAME	DAY PHONE	EVENING PHONE	RELATIONSHIP
1.			
2.			

AUTHORIZATION-PLEASE READ AND SIGN

I certify that the information contained in this application is correct to the best of my knowledge and understanding that falsification of this information is grounds for refusal to hire or if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regards to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer on employment, if such is made, maybe withdrawn, with or without prior notice, at any time, at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any special period of time, or assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing. I understand that this application will remain active for employment consideration for no more than 90 days from the date it was completed. If you wish to be considered after that date you must reapply.

I have read and understand the above. Applicant Signature: X _____ Date: _____

INTERVIEWED BY _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED:	FOR DEPT.	POSITION	WILL REPORT
			SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER