# Job Application Questionnaire

From: [ABC Business Center] To: [Applicant]

Date: [Date here]

1. Personal Information of applicant

|  |  |
| --- | --- |
| Name |  |
| Phone |  | Email |  |
| Address |  |

|  |  |  |
| --- | --- | --- |
| 1. Are you at least 18 years of age?
 | Yes | No |

|  |  |  |
| --- | --- | --- |
| 1. Are you legally eligible to work in the United States?
 | Yes | No |

|  |  |  |
| --- | --- | --- |
| 1. Have you ever been convicted of a felony?
 | Yes | No |

1. If yes, please explain

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## Availability

1. What days are you available to work?

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday |  | Tuesday |  | Wednesday |  | Thursday |  | Friday |  | Saturday |  | Sunday |

|  |  |  |
| --- | --- | --- |
| 1. There may be times where overtime is necessary. Are you able to work overtime when necessary?
 | Yes | No |

## Special Skills

|  |  |  |
| --- | --- | --- |
| 1. Do you have any special skills or qualifications that would make you an asset to the position which you are applying for?
 | Yes | No |

1. If yes, please explain these skills or qualifications.

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## Previous Employment

1. Please list your last three previous employers, information about the job, and reasons for leaving.

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| --- | --- |
| 1. Employer
 |  |
| Address |  |
| Phone Number |  | Position in company |  |
| Starting pay |  | Ending pay |  |
| Supervisor |  | Phone Number |  |

Job duties

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Reason of leaving

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| --- | --- |
| 1. Employer
 |  |
| Address |  |
| Phone Number |  | Position in company |  |
| Starting pay |  | Ending pay |  |
| Supervisor |  | Phone Number |  |

Job duties

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Reason of leaving

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| --- | --- |
| 1. Employer
 |  |
| Address |  |
| Phone Number |  | Position in company |  |
| Starting pay |  | Ending pay |  |
| Supervisor |  | Phone Number |  |

Job duties

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Reason of leaving

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1. Please List at least three references

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name
 |  | Phone Number |  |
| Employer |  | How long have you known this Person |  |
| 1. Name
 |  | Phone Number |  |
| Employer |  | How long have you known this Person |  |
| 1. Name
 |  | Phone Number |  |
| Employer |  | How long have you known this Person |  |

I certify that the information I have provided in this application is true and accurate and that every question has been answered to the best of my ability. I understand that, if it is found that I have provided false information, this could have a negative impact on my future employment and may result in my not being hired for this position. If ever there is information that needs to be changed to be more accurate, I will inform my manager or supervisor as soon as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

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