



The Professional Office Systems People

3103 Landmark Street \*Greenville, NC 27834

5509-A Business Drive \*Wilmington, NC 28405

Toll Free 1-800-682-6558

APPLICATION FOR EMPLOYMENT
(Pre-Employment Questionnaire/An Equal Opportunity Employer)

PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Last First Middle SS# \_\_\_\_\_

Present Address \_\_\_\_\_ Street City State Zip

Permanent Address \_\_\_\_\_ Street City State Zip

Phone Number \_\_\_\_\_ Are you 18 years or older? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_

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? Yes \_\_\_ No \_\_\_

Have you ever applied to the company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

Referred By: \_\_\_\_\_

EDUCATION

Table with 5 columns: Name & Location of School, No. of yrs. Attended, Did you graduate?, Subjects Studied. Rows include Grammar School, High School, College, Trade/Business School.

GENERAL: Subjects or Special Study or Research Work: \_\_\_\_\_

Special Job-Related Skills (List and Explain):

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**FORMER EMPLOYERS** (List last three, starting with the most recent)

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving
From:				
To:				
Job Duties:				
Promotions:				
Supervisor:		Phone #:	May we contact? Yes ____ No ____	

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving
From:				
To:				
Job Duties:				
Promotions:				
Supervisor:		Phone #:	May we contact? Yes ____ No ____	

Employment Dates	Name and Address of Employer	Title	Salary	Reason for Leaving
From:				
To:				
Job Duties:				
Promotions:				
Supervisor:		Phone #:	May we contact? Yes ____ No ____	

Tell us in your own words why you believe you can be an asset to our company: \_\_\_\_\_

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

Name	Occupation	Phone Number	Years Acquainted

In case of emergency, notify: \_\_\_\_\_  
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, resonations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration with employment, 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 cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of 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 its president, and then only when in writing and signed by the president, has an authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_