



Miniapple International Montessori  
**APPLICATION FOR EMPLOYMENT**  
 (PRE-EMPLOYMENT QUESTIONNAIRE)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
           LAST                  FIRST                  MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
                                   STREET                  CITY                  STATE                  ZIP

PERMANENT ADDRESS \_\_\_\_\_  
                                   STREET                  CITY                  STATE                  ZIP

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

IF SO MAY WE INQUIRE  
 ARE YOU EMPLOYED NOW? \_\_\_\_\_ YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED  
 TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

**EDUCATION**

	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
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GRAMMAR SCHOOL

HIGH SCHOOL

COLLEGE

OTHER

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC).



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**PRIOR EMPLOYMENT**

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

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THE JOB?

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

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS KNOWN
1.			
2.			
3.			

IN CASE OF EMERGENCY

NOTIFY	NAME	ADDRESS	PHONE NUMBER

I certify that all answers given herein are true and complete to the best of my knowledge. I understand that any offer of employment is contingent on passing a background study and fingerprinting through the Department of Health & Human Services.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED? \_\_\_\_\_ POSITION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 EMPLOYMENT MANAGER DEPARTMENT HEAD

NOTIFIED HUMAN RESOURCES MANAGER OF HIRE \_\_\_\_\_

NOTES: