



CAREER QUESTIONNAIRE

Please complete the following information as thoroughly as possible as some of this information can not be obtained from your resume. The information you share with us will be held in strict confidence and will only be considered for employment opportunities. Understanding your credentials and personal parameters will allow us to provide the most efficient pursuit of employment opportunities for you.

Last Name	First Name	Middle Name
Home Telephone	Mobile Telephone	Office Tel. (optional)
Physical Address	Mailing Address	Email Address

Position Desired? _____ Availability Date? _____ Shift Desired _____

Minimum Salary Desired? _____ Health Benefits Desired? _____

Do you anticipate any extended dates that would require your absence from work? _____

Commuting Distance Desired? _____ Are you over 18 years of age? _____

Convicted of Felony? _____ (if yes please explain) _____

To avoid duplication of efforts, please list businesses that you have recently applied to, sent your resume to, interviewed with, or had employment offers from within the last six months:

Are there any employers who might NOT rehire you? _____ If yes, please explain:

Did anyone refer you to us? If yes, Name _____

If currently employed, does your present employer know you are considering leaving? May we contact them for a reference?

Please list any specific information that you feel may be important to us in assisting you with your job search.

EMPLOYMENT Please complete all information, even if we have your resume. (List most recent employer first)

1.		
_____	_____	_____
Dates of Employment (From/To)	Company Name	Job Title

Supervisor's Name/Title	Supervisor Phone/Email	

Last Wage/Salary	Reason for Leaving	

2.		
_____	_____	_____
Dates of Employment (From/To)	Company Name	Job Title

Supervisor's Name/Title	Supervisor Phone/Email	

Last Wage/Salary	Reason for Leaving	

3.		
_____	_____	_____
Dates of Employment (From/To)	Company Name	Job Title

Supervisor's Name/Title	Supervisor Phone/Email	

Last Wage/Salary	Reason for Leaving	

EDUCATION/Certifications

Institution	City/State	Degree/Certification

REFERENCES Other than your supervisors list names of individuals that could attest to your compatibility in the workplace.

Name	Relationship	Title	Company	Email	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 or misrepresentations are discovered, my application may be rejected and, if I am employed, I may be subject to discipline up to and including discharge.

Signature

Date