

Gogebic County Application for Employment



Pre- Employment Questionnaire
Equal Opportunity Employer

PERSONAL INFORMATION

Name	<input type="text"/>	Date of Birth	<input type="text"/>	Social Sec. No.	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Phone	<input type="text"/>	2nd Phone	<input type="text"/>	Referred By	<input type="text"/>

EMPLOYMENT DESIRED

Position	<input type="text"/>	Date You Can Start	<input type="text"/>	Salary Desired	<input type="text"/>
Are You Employed Now?	<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	Are You Legally Authorized to Work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION HISTORY

	Name and Location	Years Attended	Graduated?	Subjects Studied
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GENERAL INFORMATION

Study / Research Work	<input type="text"/>
Special Training	<input type="text"/>
Special Skills	<input type="text"/>
Military Service	<input type="text"/> Rank <input type="text"/>

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

Date - Month and Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

