



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

Date:

Name		Referred by:
Street Address		City, State, Zip
Primary Phone Number	Secondary Phone Number	E-mail Address

Employment Desired

Position applying for:	Desired # of hours/week:	Date available to start:	Desired salary:
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Circle One:

Are you currently employed? Yes No

Are you 18 years of age or older? Yes No

May we contact your employer? Yes No

Have you ever applied to DSC before? Yes No

What days of the week and times are you available to work?

Monday	Tuesday	Wednesday	Thursday	Friday
Saturday	Sunday	Anytime	Comments	

Current Certifications

<input type="checkbox"/>	First Aid	Certification Organization? _____	Expiration Date: _____
<input type="checkbox"/>	CPR	Certification Organization? _____	Expiration Date: _____
<input type="checkbox"/>	Other	_____	Expiration Date: _____
<input type="checkbox"/>	Other	_____	Expiration Date: _____
<input type="checkbox"/>	Other	_____	Expiration Date: _____

Education History

	Name & location of school	Years	Did you	Subject
		Attended	Graduate	Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence				

Employment History (List the most recent one first.)

From/To	Name/City/State of Employer	Position	Salary	Reason for Leaving



