

# Hammond Services Employment Application

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

DATE

## Personal Information

NAME			SOCIAL SECURITY NUMBER	
Last	First	Middle		
PRESENT ADDRESS				
Street		City	State	Zip
PERMANENT ADDRESS				
Street		City	State	Zip
ARE YOU 18 YEARS OR OLDER?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NO.	APARTMENT NO.	
IN CASE OF EMERGENCY NOTIFY				
Name		Address	Phone No.	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No				

LAST

FIRST

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
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	
EVER APPLIED TO HAMMOND SERVICES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
EVER WORKED FOR HAMMOND SERVICES BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WHERE?	WHEN?
REASON FOR LEAVING?		
NAME OF LAST SUPERVISOR AT HAMMOND SERVICES		
WHO REFERRED YOU TO HAMMOND SERVICES?	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Other	
	<input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walked In	

MIDDLE

## Education

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE BUSINESS OR CORRESPONDENCE			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## General

SUBJECT OF SPECIAL STUDY OR RESEARCH WORK

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SPECIAL TRAINING

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SPECIAL SKILLS

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