

PRE-SCREENING QUESTIONNAIRE

Please complete the information requested below.

Date: _____

Name: _____
(Last Name) (First Name) (Preferred Nickname) (Middle Initial)

Mailing Address: _____
(Street or P.O. Box) (Apt. #) (City) (State) (Zip Code)

Home Phone No.: (_____) _____ Alternate Phone No.: (_____) _____

Email: _____

Schedule/Availability and Skill Information	
Date Available:	How long are you available? No. of weeks _____ No. of months _____ Other _____
Availability:	<input type="checkbox"/> Days <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Evenings <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Position applying for:	Shifts/Hours Available: Preferred Salary Range:
Please list skills and/or special training:	

Employment History		
Please indicate most recent employment history.		
(1)Employer	Dates	
	From	To
Position/Title	Hourly Rate/Salary	
	Starting Pay	Final Pay
	Job Description/Work Performed	
Reason for Leaving		
(2)Employer	Dates	
	From	To
Position/Title	Hourly Rate/Salary	
	Starting Pay	Final Pay
	Job Description/Work Performed	
Reason for Leaving		
(3)Employer	Dates	
	From	To
Position/Title	Hourly Rate/Salary	
	Starting Pay	Final Pay
	Job Description/Work Performed	
Reason for Leaving		

Signature _____

Date _____