



# St. John's United Church of Christ

1811 Lincoln Way East  
Chambersburg, PA 17202  
717-263-8593

## Pre-employment Questionnaire

Date: \_\_\_\_\_

### Personal information:

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

Employment preferred: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Either: \_\_\_\_\_

Interested in being considered for what position? (be specific) \_\_\_\_\_

Date you can start: \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Have you ever been convicted of a crime which could have job implications? \_\_\_\_\_

If yes, state offense, date and location: \_\_\_\_\_

### Education:

	Name and location of school	Years attended	Date graduated	Degree received major area of study
Elementary School				
High School				
College				
Trade, business or professional school				

*Former employers: (List below last three employers, starting with last one first.)*

Date (Month and year)	Name and address of employer	Salary Pay rate	Position	Reason for leaving
From: To:				
From: To:				
From: To:				

Please describe any skills and special interests you have which may be of use in working in the position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical, mental or other disability or limitation that might prevent you from performing any portion of the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_  
If you answered yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

*List three (3) references:*

Name	Address	Phone Number
1.		
2.		
3.		

*The facts set forth in my application are true and complete. I understand that false statements on this application may be considered cause for rejection of this application or for termination of employment. I hereby authorize St. John's United Church of Christ to conduct work history, personal reference, or police record inquiries as it deems appropriate and release all persons, companies, or other institutions from all liabilities or responsibilities on account of the verification of the information I supplies in this application.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*