



APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)
PROLOGUE, INC.

PERSONAL INFORMATION

NAME				
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS				
STREET	CITY	STATE	ZIP CODE	
ARE YOU 18 YEARS OR OLDER?	YES	NO	PHONE NO. ()	APT NO.
IN CASE OF EMERGENCY NOTIFY				
NAME	ADDRESS	PHONE NO.		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF THE LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY ?		
<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN
<input type="checkbox"/> CURRENT EMPLOYEE	<input type="checkbox"/> OTHER	

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

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

NAME AND ADDRESS OF EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO ()

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO ()

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WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO ()

DESCRIPTION OF WORK

REASON FOR LEAVING

BUSINESS REFERENCES ONLY: GIVE THE NAMES OF THREE PERSONS, WHO HAVE SUPERVISED YOU, ARE NOT RELATED TO YOU AND HAVE KNOWN YOU FOR AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

