



Pre-Employment Questionnaire
 Equal Opportunity Employer

Application for Employment

Personal Information			
Name (Last Name First)		SS #	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone	Cell Phone	Other Phone	
Referred by			

Employment Desired		
Position Desired	Date You Can Start	Salary Desired \$
Are you Employed Now? Yes () No ()		If so, may we inquire with your present employer? Yes () No ()
Ever applied to this company before? Yes () No ()	Where?	When?

Education History		
Grammar School	Years Completed?	Graduated? Yes () No ()
High School	Years Completed?	Graduated? Yes () No ()
College	Years Completed?	Graduated? Yes () No ()
Trade, Business or Other School(s)	Years Completed?	Graduated? Yes () No ()

General Information	
Special Training / Skills	
U.S. Military Service	Rank

Former Employers				
Date (Month and Year)	Name & Address of Employers	Pay Rate	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References			
Name	Contact Number(s)	Business	Years Known

Authorization:
 "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any damage that may result from utilization of such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:	Signature:
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*** Attention Applicant - PAGE 2 Is For Office Use ONLY - Do NOT Complete ***

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Interview Form

Have you ever used any other names (nicknames) so that we may conduct the appropriate background checks?	Yes () No ()
Referring to Form I-9, can you provide a document to establish identity if you are hired?	Yes () No ()
Referring to Form I-9, can you provide a document to establish employment eligibility if you are hired?	Yes () No ()
What position would you like to have here?	
Are you qualified for that position?	Yes () No ()
Are you able to perform the essential functions of that job?	Yes () No ()
If the applicant voluntarily discloses a disability, you may then ask, Can you perform the essential functions of this job with reasonable accommodation?	Yes () No ()
Why are you leaving your present (or last) job?	
In a brief statement, would you summarize your work history and education for me?	
Have you ever been convicted of a crime? (YES answers may be relevant if job related, but do not necessarily bar you from employment).	Yes () No ()
Have you had any such charges brought against you that were later reduced, dismissed, or not adjudicated due to pre-trial intervention? (YES answers may be relevant if job related, but do not necessarily bar you from employment).	Yes () No ()
Employment with our company will be contingent upon passing a job related physical exam and drug screen. OK?	Yes () No ()
Is there anything else that you would like to add?	Yes () No ()
Remarks:	
Interviewed By:	Date:

Reference Check Form

Former Employer 1	Former Employer 2	Former Employer 3
Date:	Date:	Date:
Name of person providing information.	Name of person providing information.	Name of person providing information.
1) Date and duration of employment?	a) Date and duration of employment?	a) Date and duration of employment?
2) Pay rate and wage history?	b) Pay rate and wage history?	b) Pay rate and wage history?
3) Job description and duties?	c) Job description and duties?	c) Job description and duties?
4) Attendance information?	d) Attendance information?	d) Attendance information?
5) Drug/alcohol test(s) in last year?	5) Drug/alcohol test(s) in last year?	5) Drug/alcohol test(s) in last year?
6) Threat of violence or harassing acts?	6) Threat of violence or harassing acts?	6) Threat of violence or harassing acts?
7) Voluntary () or involuntary () separation	7) Voluntary () or involuntary () separation	7) Voluntary () or involuntary () separation
8) Eligible for rehire? Yes () No ()	8) Eligible for rehire? Yes () No ()	8) Eligible for rehire? Yes () No ()