



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

SOCIAL SEC # _____

NAME _____

LAST FIRST MIDDLE

ADDRESS _____

STREET CITY STATE ZIP CODE

PHONE _____ E-MAIL _____

ARE YOU 18 YEARS OR OLDER →	YES:	_____
	NO:	_____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

REFERRED BY _____

EDUCATION

NAME AND LOCATION OF SCHOOL

NO. OF YEARS ATTENDED

DID YOU COMPLETE?

SUBJECT/AREA STUDIED

HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
TRUCKING/DRIVING				

GENERAL

SPECIAL SKILLS _____

DRIVING (PLEASE LIST ALL EQUIPMENT OPERATED) _____

ACTIVITIES _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR PRESENT MEMBERSHIP IN

NAVAL SERVICE RANK NATIONAL GUARD OR RESERVES

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHY? _____

WHICH OF THESE JOBS DID YOU LIKE THE LEAST?

WHY? _____

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REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)			
NAME	PHONE OR E-MAIL	NATURE OF RELATIONSHIP	YRS. ACQUAINTED
1			
2			
3			

EMERGENCY CONTACT INFORMATION		
NAME	ADDRESS	PHONE NUMBER

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIODS OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE: _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:	DATE:
REMARKS:	
HIRED:	POSITION:
EQUIPMENT AUTHORIZED TO OPERATE:	
STARTING WAGE:	AGREED START DATE:
WAGE ADJUSTMENTS:	
WAGE ADJUSTMENT STIPULATIONS:	
APPROVED BY:	DATE: