



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE – AN EQUAL OPPORTUNITY EMPLOYER)

DATE:				
NAME:				SSN:
	LAST	FIRST	MIDDLE	
PRESENT ADDRESS:				
PHONE NUMBER:	ARE YOU 18 YEARS OR OLDER:			

SPECIAL QUESTIONS:

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? _____

DATE OF BIRTH: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST FIVE YEARS? _____

DO YOU HAVE A VALID DRIVERS LICENSE? _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

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?			

EDUCATION:

HIGH SCHOOL:		# OF YEARS ATTENDED:		DID YOU GRADUATE:	
COLLEGE:		# OF YEARS ATTENDED:		DID YOU GRADUATE:	
TRADE:		# OF YEARS ATTENDED:		DID YOU GRADUATE:	

FORMER EMPLOYERS:

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

REFERENCES:

NAME:	ADDRESS:	BUSINESS:	YEARS ACQUAINTED:

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

IF SO, PLEASE DESCRIBE:

IN CASE OF AN EMERGENCY:

NAME	ADDRESS	PHONE NUMBER
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DRIVER INFORMATION:

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A PERMIT, LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____

HAS YOUR LICENSE PERMIT OR PRIVILEGE BEEN SUSPENDED OR REVOKED? _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

IF YES, PLEASE EXPLAIN: _____

DRIVING EXPERIENCE:

POWER EQUIPMENT	TYPE OF EQUIPMENT	NUMBER OF YEARS	STATES YOU HAVE DRIVEN IN
STRAIGHT TRUCK			
TRACTOR TRAILER			
BUS			
OTHER			

DO YOU HAVE ANY EXPERIENCE IN ANY OF THE FOLLOWING:

	NONE	LIMITED	EXPERIENCED	VERY EXPERIENCED
AUTO MECHANICS				
PLUMBING				
WELDING - GAS				
WELDING – ARC				
ELECTRICAL				

ACCIDENT RECORD FOR THE LAST THREE YEARS:

DATE	NATURE OF ACCIDENT	# OF FATALITIES	# OF INJURIES	COMMERCIAL VEHICLE	PERSONAL AUTOMOBILE

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST THREE YEARS (OTHER THAN PARKING):

DATE	STATE	CHARGE	PENALTY	COMMERCIAL VEHICLE OR AUTOMOBILE

“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 AUTHORISE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.”

SIGNATURE: _____ DATE: _____