

# APPLICATION FOR EMPLOYMENT

## PRE-EMPLOYMENT QUESTIONNAIR EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE NO. (                    )	REFERRED BY		

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US?  <input type="checkbox"/> YRS <input type="checkbox"/> NO
EVER APPLY TO THIS COMPANY BEFORE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

### EDUCATIONAL HISTORY

SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS	GRADUATE?	STUDY?
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

**OFORMER EMPLOYERS** (list the past five years of employment)

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

**CAN YOU OPERATE ANY OF THE FOLLOWING**

EQUIPMENT	MODEL	HOW LONG
EXCAVATOR	<input type="checkbox"/>	_____
ROAD GRADER	<input type="checkbox"/>	_____
JAH ROLLER	<input type="checkbox"/>	_____
SKID STEER	<input type="checkbox"/>	_____
DOZER	<input type="checkbox"/>	_____
WHEEL LOADER	<input type="checkbox"/>	_____
SKY TRACK	<input type="checkbox"/>	_____

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	YEARS

**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, falsifies 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 all liability for 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 specifies 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 \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**REMARKS**


<b>NEATNESS</b>		<b>CHARACTER</b>		
<b>PERSONALITY</b>		<b>ABILITY</b>		
<b>HIRED</b>	<b>FOR DEPT.</b>	<b>POSITION</b>	<b>WILL REPORT</b>	<b>SALARY</b>

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
                    EMPLOYMENT MANAGER                      DEPARTMENT HEAD                      GENERAL MANAGER