



Pre-Employment Questionnaire  
Equal Opportunity Employer

**Application for Employment**

**Personal Information**

Name (Last Name First)		Date Applied	
Physical Address		City	State
Mailing Address		City	State
Home Phone	Cell Phone	Other Phone	
Do you possess a valid driver's license? Yes ( ) No ( )		License No.	State
		Class	
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**

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

**Employment History**

List your employment history; begin with the present and working back. **Include the month and year in dates for each employment activity list.**

Month/Year to Month/Year	Employer Name	Position Title	Salary
City	State	Zip Code	
Supervisor Name		Supervisor's Phone Number	
Briefly describe your job duties			
Month/Year to Month/Year	Employer Name	Position Title	Salary
04/20			
City	State	Zip Code	
Supervisor Name		Supervisor's Phone Number	
Briefly describe your job duties			
Month/Year to Month/Year	Employer Name	Position Title	Salary
City	State	Zip Code	
Supervisor Name		Supervisor's Phone Number	
Briefly describe your job duties			

### Termination History

During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, or did you leave any job by mutual agreement because of specific problems?

Yes ( ) No ( )

If "YES", please provide the date, an explanation of the problem, reason for leaving, and the employer's name and address here

### 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:

**\* 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 ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
Referring to Form I-9, can you provide a document to establish identity if you are hired?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
Referring to Form I-9, can you provide a document to establish employment eligibility if you are hired?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
What position would you like to have here?	
Are you qualified for that position?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
Are you able to perform the essential functions of that job?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
If the applicant voluntarily discloses a disability, you may then ask, Can you perform the essential functions of this job with reasonable accommodation?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
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 ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
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 ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
Employment with our company will be contingent upon passing a job related physical exam and drug screen. OK?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )
Is there anything else that you would like to add?	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )

**Remarks:**


Interviewed By:	Date:
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**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 ( <input type="checkbox"/> ) or involuntary ( <input type="checkbox"/> ) separation	7) Voluntary ( <input type="checkbox"/> ) or involuntary ( <input type="checkbox"/> ) separation	7) Voluntary ( <input type="checkbox"/> ) or involuntary ( <input type="checkbox"/> ) separation
8) Eligible for rehire? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	8) Eligible for rehire? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	8) Eligible for rehire? Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )