



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Pre-Employment Questionnaire

Please Print Legibly

Date _____

Personal Information

Name _____ Last First Middle Social Security # _____

Present address _____ Street City State Zip Phone

Permanent address _____ Street City State Zip Phone

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Do any friends or relatives, other than your spouse, work here? Yes No If so, name _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Proof of citizenship or immigration will be required upon employment. Yes No

In case of emergency notify _____ Name Address Phone

Employment Desired

Position(s) applied for _____

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Who referred you to this company?

- Employment Agency Newspaper Advertisement Friend Walked In
 State Employment Office College Placement Service Web site Other _____

Have you applied to this company before? Yes No Where? _____ When? _____

Have you worked for this company before? Yes No Where? _____ When? _____

Name of last supervisor at this company _____

Reason for leaving _____

Education

School Level	School Name and Location	Subjects Studied	# of Years Attended*	Did You Graduate?*
Grammar School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____		
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____		
College	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____		
Trade Business or Correspondence School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____		

List subjects of special study or research work: _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final Regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

Skills and Training

Check training certifications earned:

- OSHA10 First Aid/CPR Forklift Fall Protection Excavation

Check specialized skills:

- PC/Windows Mac Lasers/theodolite Blueprint reading Formwork design
- Microsoft Office Word processing Spreadsheet

List other special skills and training: _____

List production/mobile machinery: _____

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

A review of the activities involved in such a job or occupation has been given.

Former Employers

List your last three starting with present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1 Present or last employer _____

Address _____ Phone _____

Starting date _____ Leaving date _____ Reason for leaving _____
Month Year Month Year

Job title _____ Weekly starting salary \$ _____ Weekly final salary \$ _____

May we contact your supervisor? Yes No Name _____ Title _____

Description of work _____

2 Present or last employer _____

Address _____ Phone _____

Starting date _____ Leaving date _____ Reason for leaving _____
Month Year Month Year

Job title _____ Weekly starting salary \$ _____ Weekly final salary \$ _____

May we contact your supervisor? Yes No Name _____ Title _____

Description of work _____

Present or last employer _____

Address _____ Phone _____

Starting date _____ Leaving date _____ Reason for leaving _____
Month Year Month Year

Job title _____ Weekly starting salary \$ _____ Weekly final salary \$ _____

May we contact your supervisor? Yes No Name _____ Title _____

Description of work _____

Special Questions

Please answer all the employment application questions below because the information is required for a bona fide occupational qualification, dictated by national security laws, or needed for other legally permissible reasons.

Position(s) applying for _____

Are you able to perform the job function for which you are applying? Yes No

If your performance of this function requires an accommodation, explain how you would perform the task(s), and with what accommodation? _____

Are you a U.S. Citizen? Yes No If no, are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No Proof of citizenship or immigration status will be required upon employment.

What foreign languages do you speak fluently? _____ Read Write

Have you been convicted of a felony or misdemeanor? You are not required to disclose convictions that have been sealed, expunged, or statutorily eradicated. 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. Yes No

I understand that I may be required to take one or more physical examination and/or drug test(s) as a condition of hiring or continued employment. I agree to take such test(s) at such time as designated by this company and to release this company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes No

Authorization

"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 condition 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 its president, and then only when in writing and signed by the president or vice president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Signature of Applicant _____ Date _____

For Personnel Department Use Only

Arrange interview: Yes No Interviewer _____ Date _____

Position(s) considered for: _____ Position(s) applied for is open: Yes No

Remarks _____

Employed: Yes No Job title _____ Department _____

Date of employment _____ By _____