



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY #		
PRESENT ADDRESS	APT #	CITY	STATE	ZIP
PERMANENT ADDRESS	APT #	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE NUMBER	VALID DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		
		DRIVER'S LICENSE #		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO MAY WE INQUIRE OF YOUR PREVIOUS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
HOW DID YOU HEAR ABOUT US? EMPLOYMENT AGENCY <input type="checkbox"/> WALK-IN <input type="checkbox"/> OTHER <input type="checkbox"/>		

EDUCATION

NAME & LOCATION OF SCHOOL	DID YOU GRADUATE	AREAS OF STUDY
HIGH SCHOOL		
COLLEGE		
TRADE BUSINESS OR CORRESPONDENCE SCHOOL		

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		CITY	STATE
JOB TITLE	START DATE	LEAVING DATE	WEEKLY STARTING SALARY		
MAY WE CONTACT YOUR SUPERVISOR?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	WEEKLY LEAVING SALARY	
NAME OF SUPERVISOR:					
PHONE:		DESCRIPTION OF WORK			
REASON FOR LEAVING					

NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		CITY	STATE
JOB TITLE	START DATE	LEAVING DATE	WEEKLY STARTING SALARY		
MAY WE CONTACT YOUR SUPERVISOR?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	WEEKLY LEAVING SALARY	
NAME OF SUPERVISOR:					
PHONE:		DESCRIPTION OF WORK			
REASON FOR LEAVING					

NAME OF PRESENT OR LAST EMPLOYER		ADDRESS		CITY	STATE
JOB TITLE	START DATE	LEAVING DATE	WEEKLY STARTING SALARY		
MAY WE CONTACT YOUR SUPERVISOR?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	WEEKLY LEAVING SALARY	
NAME OF SUPERVISOR:					
PHONE:		DESCRIPTION OF WORK			
REASON FOR LEAVING					

GENERAL

DO YOU HAVE ANY TRUCK EXPERIENCE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF SO, PLEASE EXPLAIN:				
DO YOU HAVE ANY LANDSCAPING EXPERIENCE?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF SO, PLEASE EXPLAIN:				
SPECIAL SKILLS OR TRAINING:				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR.

NAME	CONTACT INFORMATION	BUSINESS	YEARS KNOWN

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK				
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF SO PLEASE EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)					

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 AND 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 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."

DATE _____ SIGNATURE _____