

# Application for Employment

## PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

DATE \_\_\_\_\_

### PERSONAL INFORMATION

Name (Last Name First)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No	Other Phone	Referred By	

### EMPLOYMENT DESIRED

POSITION			DATE YOU CAN START		SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?	YES	NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER		YES	NO
EMPLOYMENT DESIRED PLEASE CHECK ONE	FULL-TIME	PART-TIME	EITHER	HOW MANY HOURS CAN YOU WORK WEEKLY?	AVAILABLE WHEN?	

### EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED OR DEGREE RECEIVED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### SPECIAL TRAINING/SKILLS

SUBJECTS OF SPECIAL STUDY/RESEARCH - WORK OR SPECIAL TRAINING SKILLS INCLUDING BUT NOT LIMITED TO COMPUTER SKILLS				
U S MILITARY NATIONAL GUARD OR NAVAL SERVICE	# OF YEARS	RANK	DATE YOU LEFT OR PLAN TO LEAVE THE SERVICE	
EVER WORKED FOR WBC OR SUBCONTRACTOR OF WBC BEFORE?	YES	NO	WHEN?	WHERE?

### FORMER EMPLOYERS (List below last four employers, starting with last one first.)

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

CONTINUED ON PAGE 2

**REFERENCES** Give below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN

**GENERAL**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?		YES	NO	IF YES EXPLAIN	
DO YOU HAVE A DRIVER'S LICENSE? LICENSE #	YES	NO	STATE	IF NO EXPLAIN	
HAVE YOU HAD ANY CHARGEABLE ACCIDENTS OR MOVING TRAFFIC VIOLATIONS DURING THE PAST 3 YEARS?			YES	NO	HOW MANY?
PROVIDE SUMMARY DETAIL					
				YOUR MEANS OF TRANSPORTATION TO/FROM WORK?	
DID YOU COMPLETE THIS APPLICATION YOURSELF?		YES	NO	IF NO WHO ASSISTED YOU?	

**AUTHORIZATION**

In exchange for the consideration of my job application I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time or other company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the company. Both the undersigned and the company may end the employment relationship at any time without specified notice or reason. If employed, I understand that the employer may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby grant permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release any liability as a result of such contract.

I also understand that (1) the company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. This authorization does not permit the release of 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.

I further understand that, if hired, my employment shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment is terminable at will for any reason by either party.

*Applicant's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

***Our Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.***