



## Application For Employment

(Pre-Employment Questionnaire) (An Equal Employment Employer)

**\*\*APPLICANT:** Please fill in all sections completely  
Resumes may be attached but do not substitute for the application

DATE \_\_\_\_\_

*PERSONAL DATA*

Name _____				PERSONAL DATA
Last	First	Middle		
Present Address _____				
Street	City	State	Zip	
Permanent Address _____				
Street	City	State	Zip	
Phone Number (        ) _____	Additional Number (        ) _____			
Email address: _____				
Are you 18 years or older? Yes _____ No _____				
Are you either a US Citizen or an alien authorized to work in the United States? Yes _____ No _____				

Position(s) and Location Applied for _____	AVAILABILITY
Date you can start ____/____/____	
Are you employed now? _____ If so, may we inquire of your present employer? _____	
Are you willing to relocate to another area? _____ Are you willing to travel periodically? _____	
Who referred you for employment? _____	

**SPECIAL PURPOSE QUESTIONS**

**THE FOLLOWING IS INFORMATION REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS:**

Driver's License: Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you been charged and/or convicted of DWI? Yes \_\_\_\_\_ No \_\_\_\_\_

List all moving traffic violations during the past three (3) years \_\_\_\_\_  
\_\_\_\_\_

List any experience in the lightning protection field or construction field \_\_\_\_\_

Have you had any experience reading Architectural, Structural, and Mechanical, Electrical, Plumbing (MEP) blueprints? Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, please explain \_\_\_\_\_

Do you have any welding experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, are you certified? \_\_\_\_\_

Do you have any forklift experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, are you certified? \_\_\_\_\_

Do you have any woodworking experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how long? \_\_\_\_\_

Do you have any shipping experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how long? \_\_\_\_\_

Do you have any receiving experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how long? \_\_\_\_\_

Do you have any commercial driving experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, are you certified? \_\_\_\_\_  
License Type: \_\_\_\_\_

Do you have experience using a computer? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how long?  
Macintosh \_\_\_\_\_ years PC (DOS) \_\_\_\_\_ years

Please list years of experience:

Data entry \_\_\_\_\_ years

Word Processing \_\_\_\_\_ years

Telephone / Receptionist \_\_\_\_\_ years

Accounts Payable \_\_\_\_\_ years

Accounts Receivable \_\_\_\_\_ years

Invoicing \_\_\_\_\_ years

List any other work-related experience that you feel qualifies you for this position  
\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICANTS**

**EMPLOYMENT HISTORY** (list your last employer first)

Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____/____	_____	_____	_____	_____
To ____/____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____/____	_____	_____	_____	_____
To ____/____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____/____	_____	_____	_____	_____
To ____/____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____/____	_____	_____	_____	_____
To ____/____	_____	_____	_____	_____
Month/Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From ____/____	_____	_____	_____	_____
To ____/____	_____	_____	_____	_____

**MILITARY SERVICE RECORD**

Are you a veteran \_\_\_\_\_ If yes, list type of discharge: \_\_\_\_

DISCHARGE DATE \_\_\_\_\_ BRANCH OF SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_

Present membership in National Guard or Reserves \_\_\_\_\_ Date Obligation Ends \_\_\_\_\_

*PHYSICAL RECORD*

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes \_\_\_\_\_ No \_\_\_\_\_ If YES, please explain \_\_\_\_\_

\_\_\_\_\_

PHYSICAL  
RECORD

*EDUCATION*

<u>School</u>	<u>Name &amp; City of School</u>	<u>No. of Years</u>	<u>Graduate?</u>	<u>Course(s)</u>
High School _____				
College _____				
Trade School _____				
Other Training _____				

EDUCATION

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at any employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of the company.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

APPLICANT'S STATEMENT

**References**

Please provide four (4) professional references. References may not be a family member.

***Professional Reference***

Direct Supervisor Name: \_\_\_\_\_

Direct Supervisors Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

***Professional Reference***

Direct Supervisor Name: \_\_\_\_\_

Direct Supervisors Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

***Professional Reference***

Direct Supervisor Name: \_\_\_\_\_

Direct Supervisors Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

***Professional Reference***

Direct Supervisor Name: \_\_\_\_\_

Direct Supervisors Email: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_