

DATE:

[Redacted Date Box]

Pre-Employment Questionnaire

Equal Opportunity Employer

Application For Employment

NAME: *		SOCIAL SECURITY NO.	
DOB:	Address:	City:	State:
Zip Code:	Phone Number: *	REFERRED BY:	

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S. ? YES NO
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	

GENERAL INFORMATION

MACHINERY YOU HAVE OPERATED

LIST YOUR HANDYMAN SKILLS

SPECIAL TRAINING CERTIFICATIONS, LICENSES

Do you have any knowledge of irrigation systems?

Are you willing to learn?

Notes: _____

Former Employers (List below last three employers, starting with most recent)

Name of Employer			
ADDRESS	City	State	Zip Code
STARTING DATE:	LEAVING DATE:	JOB TITLE	
WEEKLY STARTING SALARY	FINAL WEEK SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES OR NO	
NAME OF SUPERVISOR	TITLE	PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Name of Employer			
ADDRESS	City	State	Zip Code
STARTING DATE:	LEAVING DATE:	JOB TITLE	
WEEKLY STARTING SALARY	FINAL WEEK SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES OR NO	
NAME OF SUPERVISOR	TITLE	PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

Name of Employer			
ADDRESS	City	State	Zip Code
STARTING DATE:	LEAVING DATE:	JOB TITLE	
WEEKLY STARTING SALARY	FINAL WEEK SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES OR NO	
NAME OF SUPERVISOR	TITLE	PHONE NUMBER	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

REFERENCES (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE NUMBER

SPECIAL PURPOSE QUESTIONS

PLEASE ANSWER ALL THE QUESTIONS IN THE BOX. INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Are you a U.S. Citizen? YES OR NO

Have you been convicted of a Felony or Misdemeanor within the last 5 years? YES OR NO

DESCRIBE _____

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.

I understand and agree that I may be required to take one or more Physical Examination, Drug Test as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the company, its directors, officers, agents or employees from any claim in connection with the use of such test(s). YES OR NO

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

Are you able to lift 50-75 pounds? Yes or NO _____

Work 50-60 hours per week? Yes or NO _____

Travel and stay out of town for the week? Yes or NO _____

Where you ever seriously injured? Yes or NO (Please give details if yes) _____

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 contain 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 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.

This waiver does not permit the release or use of disability related or medical information in in manner prohibited by Americans with disabilities act ADA) and other relevant federal and state laws.

DATE

SIGNATURE