



Application for Employment

Equal Opportunity Employer
(Pre-Employment Questionnaire)

GROUP OF COMPANIES _____

In compliance with federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, Religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Position(s) applied for _____ Application Date _____

Name _____ Social Security Number _____
Last, First MI

Address _____
Street City, State Zip

Previous Address, if any _____ Phone _____

Do you have the right to work in the United States? Yes No Date of Birth _____

Can you provide proof of age? Yes No Do you have a CDL? Yes No Class - _____

Rate of pay expected \$ _____ Are you a member of the Union? _____

Have you worked for this company in the past? Yes No If yes, when? _____

Rate of Pay at time of employment \$ _____ Position _____

Reason for leaving _____

Are you currently employed? Yes No If no, how long since last employment? _____

Who referred you? _____

Have you ever been convicted of a felony? Yes No (circumstances will be considered)

Education

	Name, Location	Years Attended	Graduate?		Subjects Studied
High School		-	Yes	No	
College		-	Yes	No	
Trade School		-	Yes	No	

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70*

Have you served in the US Military or Navy? Yes No Rank _____ Honorable Discharge Yes No
 Present Membership in National Guard or Reserves? _____

Physical History

Do you have any physical condition which may limit your ability to perform the job being applied for? Yes No

If yes, what can be done to accommodate your limitation(s)? _____

Are you willing to take a physical examination, including a drug test? Yes No

Employment History

Employer	Dates
Name:	From: Month Year
Address:	To: Month Year
	Position:
Phone:	Salary/Wage: \$

Employer	Dates
Name:	From: Month Year
Address:	To: Month Year
	Position:
Phone:	Salary/Wage: \$

Employer	Dates
Name:	From: Month Year
Address:	To: Month Year
	Position:
Phone:	Salary/Wage: \$

Employer	Dates
Name:	From: Month Year
Address:	To: Month Year
	Position:
Phone:	Salary/Wage: \$

Voluntary Applicant Survey

Instructions To Applicants

We are an equal opportunity employer and may be subject to various affirmative action regulations, therefore we ask all applicants to supply the following information for data gathering purposes. You *do not* have to complete this form to be considered for employment. Any information volunteered will be kept confidential and *will not be used* to make hiring decisions.

Date: _____

Name: _____

Address: _____

Phone: _____

Soc. Sec.# _____

Sex: Male Female

Race/Ethnicity

01 White

02 Black

03 Hispanic/White

17 Hispanic/Not White

05 Native America

04 Asian

20 Hawaiian or Pacific Islander

Job opening for which you are applying:

For Office Use Only:

Job # _____

EEO# _____

Job Group # _____

How did you learn about the opening:

A Newspaper Ad

B Magazine Ad

C Placement Agency

D Walk-In

E Male Employee

F Female Employee

G Minority Employee

H Disabled Site Posting

I Company's Website

J Internet Job Posting

K Military/Vets Posting

L High School

M Job Fair

N Friend of a Friend

O Employment Bureau

P College

Q I am a Current Employee, self referral

R I am a Current Employee, Mgt. referral

S Other

Veteran Status:

Not a Veteran

Newly Separated Veteran

Special Disabled Veteran

Vietnam Era Veteran

Other Eligible Veteran

Yes, a Veteran, but none of the above