

Bob & Marc Plumbing

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS/D STUDIED
GRAMMAR SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH - WORK OR SPECIAL TRAINING/SKILLS.	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS

DATE MONTH AND YEAR	NAME ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR(except for any minor traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain and attach any relevant documentation.

DRIVERS LICENSE INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? (except for any minor traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have reliable transportation to work (please be specific)?
Drivers license number: _____ State if issue: _____
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur Do you have a clean driving record? <input type="checkbox"/> YES <input type="checkbox"/> NO

I confirm that all the information provided on this application questionnaire is true.

Signature: _____ Date: _____