

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Date: _____

NAME:

LAST FIRST MIDDLE SS#

PRESENT ADDRESS:

STREET CITY ST ZIP

PERMANENT ADDRESS:

STREET CITY ST ZIP

PHONE # _____ ARE YOU 18 YEARS OR OLDER?* YES NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

SPECIAL QUESTIONS

ARE YOU A U.S. CITIZEN? YES NO

WHAT FOREIGN LANGUAGE DO YOU SPEAK? READ _____ WRITE _____

HAVE YOU BEEN CONVICTED F A FELONY OR A MISDEMEANOR WITHIN THE LAST 5 YEARS? **

I understand and agree that I may be subject to a physical examination and background investigation. A drug test will be a condition of hiring or continued employment. I agree and consent to take such tests(s) and any necessary background checks as deemed necessary by the Company, and release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s) or background checks.

YES NO INITIAL _____

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

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you will have applied.

EMPLOYMENT DESIRED

POSITION _____ AVAILABLE DATE _____ DESIRED SALARY _____

ARE YOU EMPLOYED NOW? YES NO

MAY WE REACH OUT TO YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED WITH US BEFORE? YES NO LOCATION _____ WHEN? _____

EDUCATION

HIGH SCHOOL

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
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COLLEGE

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
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TRADE SCHOOL

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
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FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST CURRENT ONE FIRST.

DATES	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____
From _____ To _____	_____	_____	_____	_____

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	ACQUAINTED
1	_____	_____	_____	_____ YEARS
2	_____	_____	_____	_____ YEARS
3	_____	_____	_____	_____ YEARS

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

PLEASE DESCRIBE _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE

"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 WILL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES 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 ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT WILL FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE _____ SIGNATURE OF APPLICANT _____



THANK YOU FOR CONSIDERING TEXAS OVERHEAD DOOR
AS YOUR NEXT EMPLOYER