



Application for Employment

Pre-Employment Questionnaire – Equal Opportunity Employer

Date

Name (*Last Name First*)

Social Security Number

Present Address

City

State

Zip Code

Permanent Address

City

State

Zip Code

Phone No.

Referred By:

Position

Date Available to Start

Salary Desired

Are you currently employed?

Yes

No

If so, may we inquire of your present employer?

Yes

No

Ever applied to this company before?

Yes

No

Are you seeking permanent or temporary work?

How many hours a week are you looking for?

What is the length of time you are planning to be employed with us?

Do you have a valid drivers license?

Yes

No

Please list your drivers license no.

Do you have ANY violations on your driving record?

Yes

No

**If yes, Please explain on back of application, as we are required to run your record*

Any past "criminal" record that would not allow us to "bond" you?

Yes

No

**If yes, Please explain on back of application*

Do you have any Objections or Limitations that would prevent you from:

Driving a Service/Cargo Van?	Yes	No
Lawn care/Landscaping?	Yes	No
Occasional heavy lifting or physical exertion?	Yes	No
Signing "Non compete" & "confidentiality" Agreements?	Yes	No
Criminal background check?	Yes	No
Providing basic hand tools for use at work?	Yes	No
Guarantee to stay with our company a minimum of 90 days?	Yes	No
Do you smoke or use tobacco products?	Yes	No

How long have you lived in the Eau Claire area?

What do you expect to earn hourly, starting?

1st 6th months? After 1 year? After 2 years?

(Please take a moment to answer these questions honestly, leaving them blank or using "Negotiable" is unacceptable.)

Former employers *(Please list last four employers, starting with last one first)*

Date (month & year)	Name & Address of Employer	Salary	Position	Reason for leaving
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From

To

From

To

From

To

From

To

References (Give below the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Years Known
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1.

2.

3.

**Please use the back of this application to tell us anything else about you that makes you the best applicant for this position.*

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 contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information 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 a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature

Date

Interviewed By

Date