

APPLICATION FOR EMPLOYMENT (IBEY SPRINKLERS & LANDSCAPE INC.)

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE:

PHONE#:

CELL#:

NAME (LAST NAME FIRST):

SOCIAL SECURITY NO. ____-____-____

PRESENT ADDRESS:

CITY:

STATE:

ZIP CODE:

PERMANENT ADDRESS:

CITY:

STATE:

ZIP CODE:

DO YOU HAVE A CURRENT MONTANA DRIVERS LICENSE?

DO YOU HAVE A CLEAN DRIVING RECORD?

DATE OF BIRTH:

HAVE YOU BEEN CONVICTED OF A CRIME?

EMERGENCY CONTACT:

CAN YOU LIFT 50LBS OR MORE REPEATEDLY THROUGHOUT THE DAY?

DO YOU HAVE ANY DISABILITY?

ARE YOU CAPABLE OF REPETITIVE MANUAL LABOR (BENDING, STOOPING, SHOVELING, KNEELING, ETC.)?

EMPLOYMENT DESIRED

POSITION:

DATE YOU CAN START:

SALARY DESIRED:

ARE YOU EMPLOYED?

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL

YEARS ATTENDED

DID YOU GRADUATE?

SUBJECT STUDIED

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OF CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

INDICATE ANY OTHER EXPERIENCE, SKILLS, HOBBIES, SPECIAL STUDIES OR TRAINING/SKILLS:

U.S. MILITARY OR NAVAL SERVICE:

RANK:

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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	PHONE	YEARS KNOWN	BUSINESS

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 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 a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____ **SIGNATURE:** _____

INTERVIEWED BY: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

INTERVIEWED BY: _____ **DATE:** _____

NEATNESS: _____ **ABILITY:** _____

CHARACTER: _____ **PERSONALITY:** _____

HIRED ___YES___ ___NO___ **POSITION** _____ **DEPT.** _____

SALARY/WAGE _____ **DATE REPORTING TO WORK:** _____

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER