

# McGEE BROTHERS



(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**DATE:**

## PERSONAL INFORMATION

Name (Last, First, MI)

Social Security Number

Address

City

State

Zip

Phone Number

ARE YOU 18 YEARS OLD OR OLDER? YES  NO

ARE YOU EITHER A US CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE US? YES  NO

## EMPLOYMENT DESIRED

Position

Date You can Start

Salary Desired

ARE YOU EMPLOYED NOW? YES  NO

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE? Yes  No

IF YES, WHERE DID YOU APPLY AND WHEN?

REFERRED BY \_\_\_\_\_

## EDUCATION

	Name & Location of School	No. of years Attended	Did you Graduate?	Date Attended	Subjects Studied
Grammar School					
High School					
College					
Trade, Business or Correspondence School					

**GENERAL INFORMATION**

Subjects of Special Study or Research Work \_\_\_\_\_

Special Skills \_\_\_\_\_

Activities (Civic, Athletic, etc.) \_\_\_\_\_

Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

U.S. MILITARY OR NAVAL SERVICE? Yes  No  IF YES, RANK? \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? Yes  No

The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

The Americans with Disabilities Act of 1990 prohibits discrimination against qualified persons who happen to be disabled.

**FORMER EMPLOYERS** (List below last three employers, starting with the last one first).

Month, Day & Year	Name & Address of Employer (Please print name on first line and address on second line)	Salary	Position	Reason for leaving
From				
To				

Month, Day & Year	Name & Address of Employer (Please print name on first line and address on second line)	Salary	Position	Reason for leaving
From				
To				

Month, Day & Year	Name & Address of Employer (Please print name on first line and address on second line)	Salary	Position	Reason for leaving
From				
To				

Which of these jobs did you like best? .....

What did you like most about this job? .....

**REFERENCES:** Name three persons not related to you, whom you have known at least 1 year.

Name, Address, Business and years acquainted.

- 1) .....
- 2) .....
- 3) .....

**IN THE CASE OF AN EMERGENCY NOTIFY:**

Name	Address	Phone
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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 MAY 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, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I HAVE REVIEWED THE ESSENTIAL FUNCTIONS OF \_\_\_\_\_ POSITION AND REPRESENT THAT I AM CAPABLE OF PERFORMING ALL THESE FUNCTIONS.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT ON THE SUBSEQUENT MEDICAL QUESTIONNAIRE AND/OR PHYSICAL BEARING OUT MY REPRESENTATION THAT I AM PHYSICALLY CAPABLE OF FULLY PERFORMING THE SPECIFIC JOB FOR WHICH I HAVE INTERVIEWED. SHOULD THE MEDICAL QUESTIONNAIRE AND/OR PHYSICAL INDICATE THAT I AM NOT CAPABLE OF FULLY PERFORMING SAID JOB, I UNDERSTAND THAT MY JOB OFFER MAY BE WITHDRAWN.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS 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 AND WITHOUT CAUSE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERNAL USE ONLY

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

Notes: .....

Neatness \_\_\_\_\_ Ability \_\_\_\_\_

Hired? Yes No Position \_\_\_\_\_ Crew \_\_\_\_\_

Salary / Wage \_\_\_\_\_ Date Reporting to Work (month/day/year) \_\_\_\_\_