



APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

You must personally complete the application for it to be considered.

PERSONAL INFORMATION:

Date: _____ Social Security Number: _____

Name: _____

Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone #: _____ Are you over 18 yrs of age? _____ Yes _____ No

Are you either a U.S. Citizen or an Alien authorized to work in the United States? _____ Yes _____ No

If so, please state which one: _____ U.S. Citizen _____ Alien

Are there any restrictions to the drivers license? _____ Yes _____ No If so, explain _____

Has your license ever been revoked? _____ Yes _____ No If so, for what reason? _____

Have you ever been convicted of DWI? _____ Yes _____ No If so, when and where? _____

Do you currently poses a TWIC (Transportation Worker Identification Card)? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No If so, explain: _____

Where were you prosecuted? _____

Are you currently serving time or on probation? _____ Yes _____ No

Are you currently being prosecuted for an alleged felony? _____ Yes _____ No

If so, for what and where? _____

U.S. MILITARY EXPERIENCE:

Branch: _____ Rank: _____ Reserves: _____

Present Membership in National Guard or Reserves: _____

Type of Discharge: _____ Honorable: _____ Dishonorable: _____

Do you have other relatives presently working for SAFEZONE SAFETY SYSTEMS, LLC? _____ Yes _____ No

EMPLOYMENT DESIRED:

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Have you ever applied to this company before? _____ If so, where and when? _____

Education:

	Name & Location of School	No. of Years Attended	Did You Graduate	Subjects Studied
Grammar/ High School				
Trade/ Business School or College				

FORMER EMPLOYERS: (Please list last three starting last one first)

Month & Year	Name and Address of Employer	Misc. Questions
From:		Phone #:
		Contact:
		Position:
		Salary:
		Reason for leaving:
		Type of Work:

Month & Year	Name and Address of Employer	Misc. Questions
From:		Phone #:
		Contact:
		Position:
		Salary:
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Month & Year	Name and Address of Employer	Misc. Questions
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		Salary:
		Reason for leaving:
		Type of Work:

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name Address Phone #

List all current Training and Certification:

I certify that the facts contained in this application are true and complete to the best of my knowledge and I 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 listed above to give you any and all information concerning my previous employment and any pertinent information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

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 anytime without prior notice.

Date	Printed Name	Signature

*****Office Use Only*****

Interviewed by: _____ Date: _____

Comments: _____

Hired: ____Yes ____No Position: _____

If terminated would rehire: ____Yes ____No

Salary/Wage: _____ Date Reporting: _____

Approvals: _____

Employment Manager