



# D J's Boudain Inc.

Pre-Employment Questionnaire

Equal Opportunity Employer

## Application For Employment

Personal Information:

Date:

Name (Last Name)		(First Name)		(Mid. Int.)	Social Security #
Current Address:		City		State	Zip Code
Former Address:		City		State	Zip Code
Phone #1		Phone #2		Cell Phone	
Driver License #:	CDL Yes No	Other ID #		DOB	Transportation ? Yes No
Driving Record			Referred By:		

### Employment Desired

Position Disired:		Date You Can 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			When?

### Former Employers:

List below your past employers, starting with the last one first.

Date (Month & Year)	Name & Address of Employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

### General Information:

List any additional work or special training skills:

U.S. Military or Naval Service:	Dates:

## Education History

Name and Address of School	Years Attended	Did You Graduate?	Subjects Studied
<u>Grammar School</u>			
<u>High School</u>			
<u>College</u>			
<u>Trade, Business or Correspondence School</u>			

**References:** Give below the names of three persons **Not** related to you, whom you have known at least one year.

Name & Address	Phone #	Business	Years Known

## Emergency Contacts:

Name & Address	Phone #	Relation?

## 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 employments 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."

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_