



MACHINE TOOL ENGINEERING

2916 Highway 18 E
Charles City, Iowa 50616
Ph: 641-228-4524
Fax: 641-228-6884

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

TODAY'S DATE

Form with fields: *NAME (LAST, FIRST), *MIDDLE INITIAL, SOCIAL SECURITY NUMBER, PRESENT ADDRESS, CITY, STATE, ZIP, PERMEMENT ADDRESS, CITY, STATE, ZIP, PHONE NO., DATE OF BIRTH (MM/DD/YY), REFERRED BY, EMERGENCY CONTACT, EMERGENCY CONTACT PHONE NO.

* REQUIRED

EMPLOYMENT DESIRED

Form with fields: POSITION, DATE YOU CAN START (MM/DD), SALARY DESIRED, ARE YOU EMPLOYED CURRENTLY?, IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?, EVER APPLIED TO THIS COMPANY BEFORE?, WHERE?, WHEN?

EDUCATION HISTORY

Table with 4 columns: NAME & LOCATION OF SCHOOL, YEARS ATTENDED, DID YOU GRADUATE?, SUBJECTS STUDIED. Rows include GRAMMAR SCHOOL, HIGH SCHOOL, COLLEGE, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL.

GENERAL INFORMATION

Form with fields: SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK OR SPECIAL TRAINING, SKILLS, U.S. MILITARY OR NAVAL SERVICE, RANK

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

DATE (MM/YY)	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 NUMBER	BUSINESS	YEARS KNOWN

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 authorize the company to conduct the required background check upon acceptance of a job offer if one is presented.

I also understand and agree that no representative of the company had any authority to enter into any agreement for employment for any specific 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 Disability Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT TO	SALARY WAGES

APPROVED 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER