

TROJE'S TRASH PICK-UP SERVICE, INC.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	DO YOU HAVE A VALID DRIVERS LICENSE?	STATE OF ISSUANCE	CLASS
HOME PHONE NUMBER	ALTERNATE NUMBER	REFERRED BY	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?			

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	

Education History

NAME & LOCATION OF SCHOOL	YEARS ATENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE / BUSINESS SCHOOL			

Do you have any physical limitations for the job you are applying for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes explain _____
Have you filed a Workers Compensation Claim in the last 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes explain _____

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Former Employers (Starting with last one first)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	STARTING SALARY	ENDING SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

References GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YR.

NAME	ADDRESS	BUSINESS	# OF YRS.

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 _____