

# Bob & Marc Plumbing

## APPLICATION FOR EMPLOYMENT

# PRE-EMPLOYMENT QUESTIONNAIRE

## EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

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NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (      )		REFERRED BY	

### 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	WHERE?	WHEN?

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS/D STUDIED
GRAMMAR SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH - WORK OR SPECIAL TRAINING/SKILLS.	
U.S. MILITARY OR NAVAL SERVICE	RANK

### FORMER EMPLOYERS

DATE MONTH AND YEAR	NAME ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

### CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR(except for any minor traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain and attach any relevant documentation.

### DRIVERS LICENSE INFORMATION

DO YOU HAVE A VALID DRIVERS LICENSE? (except for any minor traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have reliable transportation to work (please be specific)?
Drivers license number: _____ State if issue: _____
<input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur Do you have a clean driving record? <input type="checkbox"/> YES <input type="checkbox"/> NO

I confirm that all the information provided on this application questionnaire is true.

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