



Committed to hard work and impeccable quality
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

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Please fax or email a scanned copy of the completed application.

Employment Application

Applicant Information

Are you 18 Years or Older? YES NO

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address City State ZIP Code

Phone: _____ Email _____

Special Questions

IMPORTANT: DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height: _____ Feet _____ Inches Citizen of U.S. YES NO
 Weight: _____ lbs. Date of Birth* _____
 What Foreign Languages do you Speak Fluently? _____ Read: _____ Write: _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Position Applied for: _____

Date Available: _____ Desired Salary/Wage: \$ _____

Are you Currently Employed? _____

If so, may we inquire of your present employer? _____

Have you ever applied to this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Subject: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Subject: _____

**Trade, Business, or
Correspondence School:** _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Subject: _____

References

**Give the names of three persons, not related to you, whom you have known at least one year.*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

(Date, Month, Year) **From:** _____ **To:** _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

(Date, Month, Year) **From:** _____ **To:** _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

(Date, Month, Year) **From:** _____ **To:** _____

Previous Employment

LIST THE LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST YES NO
May we contact your previous supervisor(s) for a reference?

Company: _____ Phone: _____

Address: _____ Position: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Position: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Position: _____
From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Position: _____
From: _____ To: _____ Reason for Leaving: _____

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO

Please Describe: _____

Emergency Contact Info. _____
Name Phone No.
Address: _____

Disclaimer and Signature

"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 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 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 ANY TIME WITHOUT ANY PRIOR NOTICE."

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ *Date:* _____

Hired: YES NO

Position: _____

Wage/Salary: \$ _____

Start Date: _____

Approved: 1. _____ 2. _____ 3. _____