

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT
QUESTIONNAIRE AN
EQUAL OPPORTUNITY
EMPLOYER

Utah
Quality
Service

PERSONAL INFORMATION

NAME				SOCIAL SECURITY NO.		
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP	HOW LONG AT PRESENT ADDRESS	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	PREFERRED CONTACT NUMBER/S (CELL AND/OR LAND LINE)		EMAIL ADDRESS			

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not currently employed, when was the last day worked?	Do you have any friends, relatives or acquaintances working for the Company? If Yes, state name & relationship;
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____	POSITION APPLIED FOR _____
WHO REFERRED YOU TO THIS COMPANY?		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	# of yrs	DID YOU GRADUATE	SUBJECTS STUDIED
High school				
College				
Trade school				
Other				

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? ☐ YES ☐ NO

If hired, are you willing to submit to and pass a controlled substance test? ☐ YES ☐ NO

Have you ever been convicted of a criminal offense (felony or misdemeanor) in the past 10 years, which has not been annulled, expunged or sealed by a court? ☐ YES ☐ NO

If yes, please describe the crime, state nature of the crime(s), when and where convicted and disposition of the case;

Are there any reasons for which you may not be able to perform the job duties for which you are applying for either with/without reasonable accommodations? ☐ YES ☐ NO

Describe the functions that cannot be performed;

Drivers License # _____ State _____ Valid/Current ☐ YES ☐ NO Any Violations? ☐ YES ☐ NO Explain: _____

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	BUSINESS	PHONE #	YEARS ACQUAINTED
1				
2				
3				

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT EMPLOYER		HOW LONG EMPLOYED HERE?	
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PREVIOUS EMPLOYER		HOW LONG EMPLOYED HERE?	
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

PREVIOUS EMPLOYER		HOW LONG EMPLOYED HERE?	
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

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."

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DATE

SIGNATURE