



# APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire  
Equal Opportunity Employer

## PERSONAL INFORMATION

LAST NAME		FIRST NAME, Middle Initial		Date:	
Present Address		City	State	Zip Code	
Permanent Address		City	State	Zip Code	
Phone Number	When can you be reached?		Referred By		

## EMPLOYMENT DESIRED

Position	Date you Can Start	Salary Desired
Are you Currently Employed? Yes _____ No _____		If so, may we inquire of your present employer? Yes _____ No _____
Ever applied to this company before? Yes _____ No _____		When?

## EDUCATION HISTORY

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

## GENERAL INFORMATION

Subjects of special study/research work or special training/skills	
US Military or Naval Service	Rank
Have you ever been convicted of a felony? _____ Year _____ State _____	
If yes, please explain: _____	

**FORMER EMPLOYERS** (list below last four employers, starting with last one first)

From	To	Name & Address of Employer	Salary	Position	Reason for Leaving

**REFERENCES** (give below the names of three persons not related to you, that we may contact.)

Name/Relationship	Address	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 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.”

**With my signature I am authorizing a review of my motor vehicle record. I understand that any employment offered by Professional NDT Services, Inc. is provisional upon a valid driver’s license and acceptable driving record.**

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

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

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS:		
Drivers License/ Social Security Card _____	DMV Pin Needed _____	Eye Exam/ Drug Screen _____
Invoice/Report Procedure		Employee Packet *New hires keep manual. Turn in last page only. _____
Hire Date	Salary	Position

APPROVED: \_\_\_\_\_  
Employment Manager
General Manager