

Application for Employment



Pre-Employment Questionnaire — Equal Opportunity Employer “We are a Drug Free Workplace”

Personal Information:

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ Email Address: _____
Referred By: _____

Employment Information:

Position Applying For: (select top 2 desired)

Laborer	Guardrail	Signs	Drill Shaft	Mechanic
Project Manager	Roadway Foreman	Clerical	Yard Person	

Date you can start: _____ Desired Salary: \$ _____ per hour

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Have you ever applied to Safety Contractors before? Yes No

If yes, when/where? _____

Job Related Skills:

Do you fluently speak any other non-English language? Yes No

If so, please list: _____

Do you have a valid driver's license? Yes No

What state is your driver's license issued in? _____

What type of driver's license do you have? Class E Class B Class A none

What is your driver's license number? _____

Have you had any moving violations? Yes No

If so, please explain: _____

Are you able to travel out of town? Yes No

Are you available nights? Yes No

Are you available weekends? Yes No

List power tools that you can operate (i.e. saws, jackhammer, etc.) _____

List heavy equipment that you can operate (i.e. forklift, backhoe, crane, etc.) _____

Have you ever been enlisted in the U.S. Military or Naval Service? Yes No

If so, what was/is your rank? _____

Please list any special subject of study, special training or skills. _____

Education:

Highest Grade Completed: High School College Other Education

Name of School _____

City _____ State _____

Did You Graduate? Yes No Degree Earned? _____

Certification and Release - Please read the following and check "I Agree" below.

I certify that I have read and understand this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and Employer may discharge Employee at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Yes I Agree

I do not agree

Copyright © 2011 Safety Contractors. All Rights Reserved.