

METRO EXPRESS, INC

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Date: _____

APPLICATION FOR EMPLOYMENT

NAME (Last Name First)		SOCIAL SECURITY No.	
		LICENSE No.	
		DOB:	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE No. ()	EMERGENCY CONTACT		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? YES _____ NO _____	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____	
EVER APPLIED TO THIS COMPANY BEFORES? YES _____ NO _____		
	WHEN?	WHEN?

EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH-SCHOOL			
COLLEGE			
TRADE, BUSSINESS OR CORRESPONDANCE SCHOOL			

GENERAL INFORMATION

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

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

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

REFERENCES

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

NAME	ADDRESS	BUSSINESS	YEARS KNOWN

AUTHORIZATION

"I certified 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 of 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 forgoing unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

_____ DO NOT WRITE BELOW THIS LINE _____

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYEMNT MANAGER DEPARTMENT HEAD GENERAL MANAGER