



APPLICATION FOR EMPLOYMENT

REVISED 8/16/23

PRE-EMPLOYMENT
QUESTIONNAIRE
AN EQUAL
OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?	PHONE NUMBER		

FIRST NAME:

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER) <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
HAVE YOU WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
WHO REFERRED YOU TO THE COMPANY?		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> SOCIAL MEDIA <input type="checkbox"/> FRIEND <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER		

MIDDLE NAME:

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL (CITY, STATE)	NO. OF YEARS ATTENDED	GRADUATED?	SUBJECTS STUDIED
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

LAST NAME:

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
PRESENT ADDRESS		CITY	STATE
START DATE		LEAVING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

FIRST NAME:

NAME OF PRESENT OR LAST EMPLOYER			
PRESENT ADDRESS		CITY	STATE
START DATE		LEAVING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

MIDDLE NAME:

NAME OF PRESENT OR LAST EMPLOYER			
PRESENT ADDRESS		CITY	STATE
START DATE		LEAVING DATE	JOB TITLE
STARTING SALARY	ENDING SALARY	MAY WE CONTACT YOUR CURRENT EMPLOYER? (IF YES, NAME AND PHONE NUMBER)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

LAST NAME:

REFERENCES

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

	NAME	PHONE NUMBER	BUSINESS NAME	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE AND RANK
ACQUIRED SKILLS / DUTIES	

CRIMINAL BACKGROUND

HAVE YOU BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, EXPLAIN BELOW (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)		

AUTHORIZATION

BY SIGNING BELOW, 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 TERMINATION.

I HEREBY GIVE TKS CONTRACTING, INC. PERMISSION TO PERFORM BACKGROUND CHECKS INCLUDING CRIMINAL AND TRAFFIC VIOLATIONS.

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.

DATE: _____ SIGNATURE: _____

RETURN COMPLETED APPLICATION

BY MAIL TO:

HUMAN RESOURCES
263 HIGH POINT DRIVE
BUCKHANNON WV 26201

OR

DELIVER COMPLETED APPLICATION

IN PERSON TO:

189 PANTHER DRIVE
BUCKHANNON WV
MON-THU 9A-12P OR 1P-4P

FIRST NAME:

MIDDLE NAME:

LAST NAME: