

# Reliable Ready Mix Co. Inc.

## APPLICATION FOR EMPLOYMENT

[PRE-EMPLOYMENT QUESTIONNAIRE] [AN EQUAL OPPORTUNITY EMPLOYER]

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME

SOCIAL SECURITY  
NUMBER

LAST

FIRST

MIDDLE

PRESENT  
ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT  
ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO. ( ) -

ARE YOU 18 YEARS OF AGE OR OLDER

YES NO

### EMPLOYMENT DESIRED

POSITION

DATE YOU

CAN START

SALARY

DESIRED \$

ARE YOU EMPLOYED NOW?

IF SO MAY WE CONTACT

YOUR PRESENT EMPLOYER?

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

U.S. MILITARY OR  
NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES

### SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS INDICATED THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Are you prevented from lawfully becoming employed in the U.S.? \_\_\_ Yes \_\_\_ No

Weight \_\_\_\_\_ lbs.

Date of Birth\* \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 5 years? \*\*

Yes \_\_\_\_\_

No \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

**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 THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR .

NAME	OCCUPATION	PHONE NUMBER	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?:  
 YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS? \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_  
 NAME

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

***PLEASE NOTE: ANY OFFER OF EMPLOYMENT IS CONTINGENT UPON THE APPLICANT CONSENTING TO A DRUG SCREEN TEST AND THAT TEST HAVING A NEGATIVE RESULT.***

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 THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OR GUARANTEED HOURS, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES/SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**FOR COMPANY USE ONLY:**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HIRED: YES NO START DATE: \_\_\_\_\_ POSITION: \_\_\_\_\_

WAGE/SALARY: \_\_\_\_\_ BENEFITS: \_\_\_\_\_