

CHAMBERS COUNTY HIGHWAY DEPARTMENT

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

ENTER SOCIAL SECURITY NUMBER HERE

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PERSONAL INFORMATION:

FULL

NAME: _____

SSN: _____

FIRST

MIDDLE

LAST

ADDRESS: _____

TELEPHONE: _____

HOUSE/APARTMENT NUMBER

STREET

HOME

CITY

STATE

COUNTY

ZIPCODE

OTHER

LICENSES & CERTIFICATIONS

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

License Number: _____

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

If yes, which class is it? A B

List any other licenses held, such as registered professional engineer, registered land surveyor, pesticide use and application license, CDL endorsements, or other:

EMPLOYMENT DESIRED:

Position: _____ Date You Can Start: _____ Salary Desired: _____ Are you Employed now? _____

EDUCATION:

High School Graduate or GED? Yes No

If No, circle highest grade completed 1 2 3 4 5 6
7 8 9 10 11 12

Name and Location of High School Attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	DID YOU GRADUATE?	DATE OF GRADIATION

Name and Location of College(s) Attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	DID YOU GRADUATE?	DATE OF GRADIATION	AREA OF STUDY:

Name & Location of Business, Correspondence /Vocational Schools Attended:	FROM (Mo.) (Yr.)	TO (Mo.) (Yr.)	DID YOU GRADUATE?	DATE OF GRADIATION	AREA OF STUDY:

WORK HISTORY:

Current or Last Employer				Your Position		
Address				Type of Business		
From Mo./Yr.	To Mo./Yr.	Total Months	If Part-time, number of hours per week _____	Beginning Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment You Operated				Reason for Leaving		
Name, Title and Phone Number of Supervisor: _____						
Describe Your Duties: _____						

FORMER EMPLOYERS:

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

REFERENCES:

List three reliable person, not a relative or current employer, who know you well enough to give information about you .

Name	Address and Phone Number	Employer

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 limitation (s)? _____

Please describe: _____

IN CASE OF EMERGENCY NOTIFY: _____

Name

Address

Phone Number

CERTIFICATE:

"I certify that all statements on or attached to this application are true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I further authorize the release of all relevant prior employment, military service and criminal records, and release all parties from all liability for any damage that may result from furnishing same to you."

Signature: _____

Date: _____