

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 DESRIED:

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: