



Pre-Employment Application

(Equal Opportunity Employer)

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

General Information

Name _____ SSN: _____ - _____ - _____

Home Phone (____) _____ Mobile Phone (____) _____

E-Mail: _____ Date Available for Employment: _____

Present Address:

No. Street City State Zip Code

Emergency Contact Information:

Name: _____ Phone (____) _____

No. Street City State Zip Code

Are you over 18 years of age? Yes No

Are you a US Citizen or legally eligible to work in the United States? Yes No

In compliance with federal law, all persons hired will be required to verify their identity and eligibility to work in the United States, and to complete the required employment eligibility verification document form upon hire.

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

Type of work desired: _____ Salary/Wage Desired _____

Are you available to work Full-Time Part-Time Over-time

Are you now or do you expect to be involved in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, explain: _____

How did you learn of this company and/or position? _____

License Information

Section 383.21 FMCSR states, "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below:

State	License No.	Type	Expiration Date

Have you ever been convicted of Driving While Intoxicated or Driving Under Influence(DWI/DUI)? Yes No
 If yes, explain _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 If yes, explain _____

Has any license, permit or privilege ever been suspended or revoked? Yes No
 If yes, explain _____

Education / Military

	High School	Trade/Vocational	College
School Name and Address	_____	_____	_____
	_____	_____	_____
Grade Completed	9 10 11 12	_____	_____
Course of Study	_____	_____	_____

Do you plan to pursue further studies and/or training? Yes No

If yes, explain _____

Have you served in the military? Yes No

If yes:
 Service Branch _____

What was your occupational specialty (MOS)? _____

What special training did you receive that would apply here? _____

Special Skills, Qualifications, and Considerations

Summarize licenses, special skills and qualifications, volunteer activities, employment or other activities related to the job you are seeking:

Personal/Health

Can you lift a minimum of 70 lbs? Yes No

Can you perform the essential functions of the job(s) you are applying? Yes No

Can you perform the specific tasks associated with this job? Yes No

Have you used an illegal drug within the last 12 months? Yes No

Have you been convicted of a crime (excluding minor traffic violations)? Yes No

Are you willing to take a physical exam and drug screen at our expense? Yes No

Employment Experience (Drivers include preceding 10-years if employment included commercial motor vehicle operation. Attach separate sheet if needed.)

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____(mo/yr) to _____(mo/yr)
 Your Salary: Starting / Ending _____ Duties _____
 Reason for Leaving: _____

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 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____(mo/yr) to _____(mo/yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

References

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name	Occupation/Relationship	Years Known	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Armstrong Plumbers Corporation
(DBA Armstrong Plumbing)
8706 Orf Road
Lake Saint Louis, MO 63367
(636) 730-7555

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resumé or other supplementary materials) are true and complete without omissions. By signing below, I authorize **THE COMPANY** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **THE COMPANY** as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of **THE COMPANY** or at my option, without notice, at any time and for any reason.

I also understand that no representative of **THE COMPANY** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president of **THE COMPANY**.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

FOR OFFICE USE ONLY:

Interviewed by: _____

Position: _____

Signature: _____

Interview Date: _____