

**APPLICATION
FOR
EMPLOYMENT**



Pre-Employment Questionnaire - Equal Opportunity Employer

PERSONAL INFORMATION:

Name and Date of Birth		Social security number:
Full current street address:		Phone number:
Email:	Referred by:	How did you hear about us?

EMPLOYMENT DESIRED:

Position desired:	Date you can start:	Salary desired:
Current employer:	May we contact current employer? (circle) Y N	Current employer phone:

EDUCATION:

Highest Grade Graduated:	Coop / Vocational Tech at:	Other schooling or degrees:
--------------------------	----------------------------	-----------------------------

GENERAL INFORMATION:

Skills / special interests in industry:
Experience in position applying for:

FORMER EMPLOYERS:

MO/YEAR	Employer Name	Salary	Position	Reason for leaving
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

APPLICATION FOR EMPLOYMENT



REFERENCES: (only one direct family reference allowed)

Name	Phone	Relation	Years Known

QUALIFICATIONS: please circle the appropriate answer – if unsure leave blank

Current Drivers License? CDL A CDL B DL	Active Medical Exam Certificate (DOT card)? Y N	Criminal Record Felony Misdemeanor	Physically able to fulfill tasks of the job position? Y N
Years CDL Driving	Are you eligible to legally obtain and retain cert? Y N	Are you currently on a court-imposed parole? Y N	Are you able to lift and carry 50lb? Y N
License State and Number:	Medical Marijuana Card? Y N	Current DL suspension? Y N	Have you ever been terminated for tardiness? Y N
License expires:	DOT Card expires:	Ever convicted of a DUI? Y N	Are you able to work a 12 hour shift? Y N

COMMENTS TO INTERVIEWER:

AUTHORIZATION:

“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 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 pertaining to the job position, personal or otherwise, and release the Greencoast from all liability for any damage that may result from the utilization of said information.

My signature does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws. Findings must be kept confidential.

I agree to hold harmless, Greencoast Site Prep, Inc. for any and all of my certification requirements, how they were obtained, or respective retainage responsibilities.

I agree to pre-employment as well as random drug testing, for the duration of my employment.”

Date: _____ Signature: _____

**APPLICATION
FOR
EMPLOYMENT**



BELOW FOR INTERVIEWER ONLY

REMARKS:

Neatness:		Character:		
Weaknesses:		Ability:		
Start Date:	For Dept:	Position:	Salary Agreed:	Report To:

INTERVIEWER:

Interviewed by: _____

Date of Interview: _____