

APPLETON CAMPBELL



PLUMBING • HEATING
AIR CONDITIONING • ELECTRICAL

PRE-EMPLOYMENT APPLICATION

Appleton Campbell, Inc. is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

PERSONAL

DATE: _____

NAME: _____ HOME PHONE: _____

PRESENT ADDRESS: _____

SOCIAL SECURITY# _____ D.O.B. (optional) _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? _____

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? _____

If yes, state the offense, location, date and disposition _____

Who should be contacted in case of an emergency (name & phone)? _____

DRIVER'S LICENSE: STATE _____ NUMBER & TYPE _____

EMPLOYMENT DESIRED

ARE YOU SEEKING: FULL TIME _____ PART TIME _____

POSITION APPLIED FOR: _____

SALARY DESIRED: _____

HAVE YOU EVER APPLIED WITH US BEFORE? YES ___ NO ___

HAVE YOU EVER WORKED HERE BEFORE? YES ___ NO ___

DATE AVAILABLE TO START: _____

HOW DID YOU LEARN OF OUR COMPANY AND/OR POSITION?

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 _____

MILITARY

HAVE YOU EVER SERVED IN THE MILITARY? YES _____ NO _____

SERVICE BRANCH: _____

WHAT WAS YOUR OCCUPATIONAL SPECIALTY (MOS)? _____

WHAT SPECIAL TRAINING DID YOU RECEIVE THAT MAY HELP YOU IF EMPLOYED BY US? _____

PERSONAL/HEALTH

CAN YOU LIFT A MINIMUM OF 70 LBS? YES ___ NO ___

CAN YOU PERFORM ALL SPECIFIC TASKS ASSOCIATED WITH THE POSITION YOU ARE APPLYING FOR WITHOUT SPECIAL APPARATUS OR WITH MINIMAL CHANGES OR ALTERATIONS TO THE COMPANY? YES ___ NO ___

HAVE YOU USED ANY ILLEGAL DRUG, INCLUDING MARIJUANA, IN THE LAST TWELVE MONTHS? YES ___ NO ___

HAVE YOU EVER HAD A CONVICTION FOR DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? YES ___ NO ___
(IF YES, WHEN? _____)

ARE YOU WILLING TO TAKE A PHYSICAL EXAM AND A DRUG SCREEN AT OUR EXPENSE? YES ___ NO ___

HOW MANY DAYS LEAVE DID YOU TAKE LAST YEAR? _____

HOW MANY FRIDAYS & MONDAYS DID YOU TAKE AS LEAVE LAST YEAR?

EDUCATION

HIGH SCHOOL _____ GRADUATE? _____
COURSES STUDIED _____

COLLEGE _____ GRADUATE? _____
COURSES STUDIED _____

TRADE SCHOOL _____ GRADUATE? _____
COURSES STUDIED _____

IN THE LINES PROVIDED, PLEASE LIST YOUR STRENGTHS AND WEAKNESSES:

ARE YOU PLANNING TO PURSUE FUTURE STUDIES? YES _____ NO _____
IF SO, WHEN AND WHAT COURSES? _____

LIST ANY SCHOLASTIC HONORS, OFFICES HELD AND ACTIVITIES INVOLVED IN DURING
HIGH SCHOOL OR COLLEGE:

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Please give month and year.**

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS: _____

TELEPHONE: _____ **NATURE OF BUSINESS:** _____

DATE EMPLOYED-FROM: _____ **TO:** _____

PAY-STARTING: _____ **ENDING:** _____

REASON FOR LEAVING: _____

TITLE: _____ **DUTIES:** _____

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS: _____

TELEPHONE: _____ NATURE OF BUSINESS: _____

DATE EMPLOYED-FROM: _____ TO: _____

PAY-STARTING: _____ ENDING: _____

REASON FOR LEAVING: _____

TITLE: _____ DUTIES: _____

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS: _____

TELEPHONE: _____ NATURE OF BUSINESS: _____

DATE EMPLOYED-FROM: _____ TO: _____

PAY-STARTING: _____ ENDING: _____

REASON FOR LEAVING: _____

TITLE: _____ DUTIES: _____

EMPLOYER: _____ **SUPERVISOR:** _____

ADDRESS: _____

TELEPHONE: _____ NATURE OF BUSINESS: _____

DATE EMPLOYED-FROM: _____ TO: _____

PAY-STARTING: _____ ENDING: _____

REASON FOR LEAVING: _____

TITLE: _____ DUTIES: _____

HAVE YOU EVER WORKED UNDER ANOTHER NAME?

IF SO, PLEASE GIVE THAT NAME: _____

ARE YOU PRESENTLY EMPLOYED? YES _____ NO _____

IF YES, MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____

SPECIAL SKILLS

DO YOU TYPE? YES _____ NO _____ WORDS PER MINUTE _____

DO YOU TAKE SHORTHAND? YES _____ NO _____ WPM _____

HAVE YOU HAD COMPUTER OR WORD PROCESSING EXPERIENCE OR TRAINING?
YES _____ NO _____

IF YES, DESCRIBE THE EXTENT: _____

USE THE SPACES BELOW TO DESCRIBE WHY YOU ARE INTERESTED IN WORKING FOR US. LIST THE SKILLS AND ABILITIES WHICH YOU FEEL PARTICULARLY QUALIFY YOU FOR A POSITION WITH US. PLEASE ATTACH A RESUME IF YOU HAVE ONE AVAILABLE.

REFERENCES

NAME: _____ **PHONE:** _____

ADDRESS: _____

OCCUPATION/RELATIONSHIP: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

OCCUPATION/RELATIONSHIP: _____

NAME: _____ **PHONE:** _____

ADDRESS: _____

OCCUPATION/RELATIONSHIP: _____

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools, and persons from liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further, I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an employee manual outlining our rules and regulations.

SIGNATURE _____

DATE _____