

APPLICATION FOR EMPLOYMENT

DATE: _____

Email to labor.whfc@gmail.com
Fax to 214-630-7713

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
NAME (LAST, First, Middle)		SOCIAL SECURITY (if Applicable)	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
Vehicle Make: _____ Model: _____ Year: _____			
Condition: _____ Unrepaired Accidents Yes ___ No ___			
Phone Numbers Home: _____ Cell: _____ Pager: _____	Drivers License # : _____ State of Issuance: _____ Vehicle Insurance: Yes _____ No _____ If employed, a valid drivers license and approval of your driving record by our insurance company is mandatory before you can drive on behalf of the company. Please sign here to authorize us to request records and verify your driving history: _____ Date: _____		

EMPLOYMENT DESIRED		
POSITION Installer _____ Finisher _____ Production Shop _____	DATE YOU CAN START	Hourly Wage Desired
ARE YOU EMPLOYED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO , MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Educational Background		YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			

U.S MILITARY OR NAVAL SERVICE		RANK	
Honorable Discharge	Yes	No	

Last 4 Employers

Company Name:		
Start Date:	End Date:	End Pay Rate:
Job Duties:		
Reason for leaving:		

Company Name:		
Start Date:	End Date:	End Pay Rate:
Job Duties:		
Reason for leaving:		

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Reason for leaving:		

Company Name:		
Start Date:	End Date:	End Pay Rate:
Job Duties:		
Reason for leaving:		

References		
Name	Relationship	Phone #

Ability to perform work:

Previous Knee injuries: _____

Previous Back Injuries: _____

Other previous: _____

Criminal Convictions

None: _____ Yes: _____ If yes please lists below.

Offense: _____

Offense: _____

Currently On Parole Yes _____ No _____

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 , PERSONAL OR OTHERWISE , AND RELEASE THE E COMPANY FROM ALL LIABILITY FOR ANY DAMAGED THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY T ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME , OR TO MAKE AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS N WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

SIGNATURE: _____

DATE: _____