

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)		DO YOU HAVE A SOCIAL SECURITY CARD	
		YES	NO
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
Vehicle Make: _____ Model: _____ Year: _____ Condition: _____ Unrepaired Accidents Yes ___ No ___			
Phone Numbers	Drivers License # : _____		
Home: _____	State of Issuance: _____		
Cell: _____	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: _____		
Pager: _____			
EMPLOYMENT DESIRED			
POSITION		DATE YOU CAN START	Hourly Wage Desired
Installer _____ Finisher _____ Production Shop _____			
ARE YOU EMPLOYED ?		IF SO , MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Educational Background		YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			
COLLEGE			
U.S MILITARY OR NAVAL SERVICE			
Honorable Discharge		Yes	No
RANK			
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:			