Power Wash usa

1801 Geneva Street ~ Sioux City, IA 51103

PRE-EMPLOYMENT QUESTIONNAIRE-AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFO	RMATION				DATE:		
NAME (LAST, FIRST, MI)		SOCIAL SECURITY #					
PRESENT ADDRESS		CITY	<u>. I</u>	STATE		ZIP	
PERMANENT ADDRESS		CITY		STATE		ZIP	
ARE YOU 18 YEARS OR O	LDER?	HOME PHON	PHONE NO. CELL PHO		HONE NO.	IE NO.	
completely and accurately. If discovered after employment race, color, age, creed, natio of blindness, deafness or ph of employment and prior to re required to complete a medic	False or misleading statements t, termination of employment. A nal origin, sexual orientation, mysical handicap or the presence porting to work, you may be recal history form and may be recal	during the int All qualified ap nilitary reserve se of disabilities equired to subr	erview and on the policants will recommendership, and s. A felony commit to a medical	nis form are grounds for eive consideration without ncestry, religion, height, viction will not necessaril review. Depending on c	termination of the a ut discrimination be weight, use of a gu y bar an applicant ompany policy and	ecause of sex, marital status, uide or support animal because from employment. After an offe If the needs of the job, you will be	
DESIRED POSITION	ON	DATE YOU	ATE YOU CAN START		SALARY DE	SALARY DESIRED	
ARE YOU EMPLOYE REASON FOR LEAVI		IF SO MA	Y WE INQU	IRE WITH YOUR	PRESENT EN	MPLOYER? YES NO	
EVER APPLIED WITH 1 YES	≣?	? WHERE?		WHEN?	WHEN?		
EVER WORKED FOR T YES	?	? WHERE?		WHEN?	WHEN?		
	NO ERVISOR AT THIS CO	MPANY?			<u> </u>		
EMPLOYMENT AGENT STATE EMPLOYMEN	NT OFFICE	APER ADV	/ERTISING VALK IN	FRIE OTHER	ND		
SHIFT AVAILABLE FOR WORK AM PM			DAYS AVAILABLE FOR WORK		M TU	W TH FR SA SU	
	ING TO BE ON CALL IN	CASE OF A	FTER HOUR	EMERGENCIES?	YES	NO	
EDUCATION	T	I					
SCHOOL LEVEL	NAME & LOCATION OF SCHOOL		F YEARS ENDED	DID YOU GRADUATE?	SU	BJECTS STUDIED	
GRAMMER SCHOOL							
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR CORRESPONDANCE							

SCHOOL

LIST BELOW THE LAST THREE EMPLOYERS STARTING WITH THE MOST RECENT ONE FIRST. NAME OF PRESENT OR LAST EMPLOYER **ADDRESS** CITY STATE ZIP STARTING DATE LEAVING DATE JOB TITLE MAY WE CONTACT STARTING SALARY FINAL SALARY YOUR SUPERVISOR? YES NO NAME OF SUPERVISOR TITLE **PHONE DESCRIPTION OF JOB** REASON FOR LEAVING NAME OF PRESENT OR LAST EMPLOYER STATE **ADDRESS** CITY ZIP STARTING DATE LEAVING DATE JOB TITLE STARTING SALARY **FINAL SALARY** MAY WE CONTACT YOUR SUPERVISOR? YES NO **PHONE** NAME OF SUPERVISOR TITLE **DESCRIPTION OF JOB** REASON FOR LEAVING NAME OF PRESENT OR LAST EMPLOYER **ADDRESS** CITY STATE ZIP JOB TITLE STARTING DATE LEAVING DATE MAY WE CONTACT STARTING SALARY FINAL SALARY YOUR SUPERVISOR? YES NO NAME OF SUPERVISOR TITLE **PHONE**

DESCRIPTION OF JOB

REASON FOR LEAVING

NAME	PHONE NO.	OCCUPATION	YEARS ACQUAINTED
			ACQUAINTED
HAVE YOU EVER VEEN C	CONVICTED OF A FELONY	WITHIN THE PAST 5 YEARS	S? YES NO
IF YES EXPLAIN, (WILL NOT N	ECESSARILY EXCLUDE YOU FRO	OM CONSIDERATION).	
, ,		,	
JOB RELATED SKILLS I	NOTE do not fill out any par	t of this section you believe	e to be non-job related.
		•	•
Do you have a valid driver's licen	ise?	YES	NO
If no when will you have one?		YES	NO
Do you have a valid chauffer's lic Do you have a valid CDL license		YES	NO
If yes-which class?	!	1E3	NO
If yes-which endorsement?			
Can you drive a stick shift?		YES	NO
Can you drive a stick shift?		YES	NO
Can you drive a skid loader?		YES	NO
Do you have reliable transportation	on to get to work?	YES	NO
Do you have any moving violatio	-	YES	NO
If yes please describe			
Have you read the job description	n for which you are applying?	YES	NO
Do you understand and do you fe			
essential functions of this job?	56. y 64. 64 p 66 16	YES	NO
Please list any skills you feel wou	uld be of value to the job		
Please use the back of this form	m if you need more room.		
Do you speak Spanish?		YES	NO
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CERTIFICATION AND R	ELEASE		
Legrify that I have read and under	erstand the applicant note on page	one of this form and that the answe	ers given by me to the foregoing
		the best of my knowledge and believe	
		this application, whether on the do	
		oyment. I authorize the company a	
		ning my background and hereby rele	
companies, and law enforcement	t authorities from any liability for an	y damage whatever for issuing this	information. I also understand
	- · · ·	pany policy requires, I am willing to	submit to drug testing to detect
the use of illegal drugs prior to an	nd during employment.		
0.011.5			
SIGNATURE		DATE	