



ENGINEERING & TESTING CONSULTANTS, INC.

**APPLICATION FOR EMPLOYMENT**

(Pre-employment Questionnaire) (An Equal Opportunity Employer)

<b>PERSONAL INFORMATION:</b>			Date:
Name:			S.S.No.
Last	First	Md Init.	
Present Address:			
Street		City	State/Zip
Permanent Address:			
Street		City	State/Zip
Daytime Phone:	Home Phone:	Are you 18 years or older: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SPECIAL QUESTIONS:**  
 Do not answer ANY of the questions in this framed area unless the employer has CHECKED a BOX PRECEDING a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

Height \_\_\_\_\_ feet \_\_\_\_\_ inches       Do you smoke? \_\_\_\_ yes \_\_\_\_ no  
 Weight \_\_\_\_\_ lbs.       Citizen of US \_\_\_\_ yes \_\_\_\_ no  
 Date of Birth\* \_\_\_\_\_  What foreign languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_ Write \_\_\_\_  
 Driver's license No. and any violations or accidents in the last three years: \_\_\_\_\_

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**EMPLOYMENT DESIRED:**

Position:	Date you can start:	Salary Desired:
Are you employed now?	If so, may we inquire of your present employer?	
Ever applied to this company before?	Where?	When?

EDUCATION	NAME AND LOCATION OF SCHOOL	No. of Years Attended	Did You Graduate?	Subjects Studied
College				
Trade, Business or Correspondence School				
High School				

**GENERAL:**

Subjects of Special study or research work:		
US Military or Naval Service:	Rank:	Present membership National Guard or Reserves:

(continued on other side)

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)**

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:** Do you have any physical limitations that preclude you from performing any work for which you are being considered?  Yes  No

Please Describe:		
IN CASE OF EMERGENCY NOTIFY:		
Name	Address	Phone No.

"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 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 all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Do Not Write Below This Line

Interviewed by:		Date:
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Dept:
Salary/Wage:	Date Reporting to Work:	
Approved: 1.	2.	3.
Employment Manager	Department Head	General Manager