



Office (958) 384-4511 | Fax (985)384-6709 | www.garberbrosinc.com

(Pre-Employment Questionnaire)

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a nonrelated medical condition or handicap.

Personal Information

Social Security Number: _____ Date: _____

Full Name: _____
Last *First* *M.I.*

Present Address: _____
Street *City* *State* *Zip*

Permanent Address: _____
Street *City* *State* *Zip*

Home Phone #: _____ Call/Alternate Phone #: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

U.S. Military Service

Branch: _____ Rank: _____ Reserves: _____

Present Membership in National Guard or Reserves?: _____

Type of Discharge: _____

Employment Desired

Position: _____ Date You Can Start: _____ Salary Desired: _____

Years of Experience: _____ Work Shift Preference: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Former Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

By signing this employment form, I hereby certify that the facts set forth in this employment application are true and correct to the best of my knowledge. I further understand that if employed, falsified statements or misrepresentations contained in this employment application, whether by statement or omission, constitute for my immediate dismissal.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, with or without cause, without notice.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I will willingly submit to post-employment, random, post-accident and periodic urinalysis, polygraph and breath testing for illegal drugs and/or alcohol. Further, I authorized and consent to you sending copies of my urinalysis test results to the proper law enforcement agencies. Also, further, I authorize and consent to you notifying and providing information to the proper law enforcement authorities should I refuse to submit to urinalysis test. Specifically, I consent to the taking of these tests on any occasion upon which I may be injured or be involved in an accident.

By signing this application form, I acknowledge my agreement and authorize you to contact any former employers for purposes of obtaining my personnel records and files, as well as my work history from those former employers.

By signing this employment application form, I acknowledge my agreement and authorize a present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with this application for employment. I agree that a photocopy of this authorization be accepted with the same authority as the original.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I willingly submit to random searches of my person, personal effects and vehicle. Further, I authorize and consent to you taking into custody and/or turning over to proper law enforcement authorities any illegal drugs, drug paraphernalia, intoxicating beverages, firearms, weapons or stolen property discovered by these searches.

By signing this employment application form, I acknowledge that if an offer of employment is made to me, I will willingly submit to a post-employment medical examination by a physician chosen by my employer, and that I shall truthfully and fully comply with any and all requests by the medical examiner regarding my medical and current medical status.

I HAVE READ AND FULLY UNDERSTAND THESE CONDITIONS OF EMPLOYMENT AND BY SIGNING THIS EMPLOYMENT APPLICATION I AGREE AND WILL COMPLY WITH THESE TERMS.

Signature: _____ Date: _____