



2665 Solo Dos Familiaf
 Pensacola, FL 32534
 Phone: 850-478-5250
 Fax: 850-262-0170

PRE-EMPLOYMENT QUESTIONNAIRE – EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION

NAME (LAST, FIRST)	DATE OF BIRTH**		
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
HOME PHONE NUMBER:	EMAIL:		
CELL PHONE NUMBER:	REFERRED BY:		

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	RATE/SALARY DESIRED:
ARE YOU EMPLOYED? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE?	YES NO	WHEN?

EDUCATION HISTORY

NAME OF SCHOOL CITY AND STATE	DATES ATTENDED MONTHS AND YEARS		DID YOU GRADUATE?	SUBJECT STUDIED
	FROM:	TO:		
HIGH SCHOOL				
COLLEGE				
OTHER				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS (WHAT EXPERIENCE DO YOU HAVE THAT WOULD QUALIFY YOU FOR THIS POSITION?):

WHAT CONSTRUCTION EQUIPMENT OR TOOLS CAN YOU OPERATE?

US MILITARY OR NAVAL SERVICE

RANK

FORMER EMPLOYERS (LIST LAST TEN YEARS OF EMPLOYMENT -- STARTING WITH LAST ONE FIRST)

DATE: MONTH AND YEAR	NAME OF EMPLOYER CONTACT PERSON & PHONE ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES (LIST NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	ADDRESS	RELATIONSHIP	YEARS KNOWN

EMERGENCY POINT OF CONTACTS

NAME	RELATIONSHIP	ADDRESS	TELEPHONE (HOME)	TELEPHONE (WORK)

ARE YOU ALLERGIC TO ANY MEDICATIONS? _____

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 company from all liability for any damage that may result from utilization of such information.

I also understand and agree that if hired, employment will not be for a defined duration of time, and it is understood that employment is voluntary in nature and is employment-at-will, therefore; either party may terminate the employment relationship at any time.

Panhandle Grading and Paving, Inc. participates in the federal E-Verify program to confirm the identity of employment authorization of newly hired employees. For further information about the E-Verify program, please visit: <https://www.uscis.gov/e-verify/employees>.

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

**** NOT MANDATORY**