

# Power Wash usa

1801 Geneva Street ~ Sioux City, IA 51103

## PRE-EMPLOYMENT QUESTIONNAIRE-AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME (LAST, FIRST, MI)		SOCIAL SECURITY #	
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?	HOME PHONE NO.	CELL PHONE NO.	

### APPLICANT NOTE

This applicant form is intended for use in evaluating your qualifications for employment, this is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for termination of the application process, or if discovered after employment, termination of employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. After an offer of employment and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### DESIRED POSITION

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? YES NO	
REASON FOR LEAVING?		
EVER APPLIED WITH THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?
NAME OF LAST SUPERVISOR AT THIS COMPANY?		
WHO REFERRED YOU TO THIS COMPANY?		
EMPLOYMENT AGENCY	NEWSPAPER ADVERTISING	FRIEND _____
STATE EMPLOYMENT OFFICE	WALK IN	OTHER _____
SHIFT AVAILABLE FOR WORK AM PM	DAYS AVAILABLE FOR WORK	M TU W TH FR SA SU
WOULD YOU BE WILLING TO BE ON CALL IN CASE OF AFTER HOUR EMERGENCIES?		YES NO

### EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS 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 YOUR SUPERVISOR? YES NO	STARTING SALARY	FINAL SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF JOB			
REASON FOR LEAVING			
NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES NO	STARTING SALARY	FINAL SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF JOB			
REASON FOR LEAVING			
NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
MAY WE CONTACT YOUR SUPERVISOR? YES NO	STARTING SALARY	FINAL SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF JOB			
REASON FOR LEAVING			

