

Please complete this form and submit via U.S Mail or fax to: Ifft Quality Fencing or e-mailed to iff@mchsi.com

1505 N. Division St.
Pontiac, IL 61764

Ph: 815-844-4338
Fax: 866-565-1227

Pre- Employment Questionnaire
Equal Opportunity Employer

Personal Information

Date: _____

Name (Last Name First)		S.S Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone No.		Referred By	
Ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:			

Employment Desired

Position	Date You Can Start	Salary Desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?Where?	

Education History

Name & Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade, Business or Corresponding School			

General Information

Subjects of special study/research work or special training skills	
U.S Military or Naval Services	Rank

Former Employers (List below last five 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				
From				
To				

References Give below the names of three persons not related to you, whom you have known for at least on year.

Name	Address	Business	Years Known

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 no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use disability-related or medical information (ADA) and other relevant federal and state laws."

Date _____ Signature _____

Interviewed By _____ Date _____

Do Not Write Below This Line

Remarks:				
Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary Wages

Approved: 1) _____ 2) _____ 3) _____
 Employment Manager Department Head General Manager