Horizontal Machining & Mfg Inc

640 Arizona Avenue NW **APPLICATION FOR EMPLOYMENT**

Huron SD 57350-4564 **PRE-EMPLOYMENT QUESTIONNAIRE**

Phone: 352-1057 **AN EQUAL OPPURTUNITY EMPLOYER**

|  |
| --- |
| **PERSONAL INFORMATION** DATE                                            |

NAME

|  |
| --- |
|  LAST FIRST MIDDLE  |

ADDRESS

|  |
| --- |
|  STREET CITY STATE ZIP |

PHONE NO. ARE YOU 18 YEARS OR OLDER? YES NO

|  |
| --- |
| ARE YOU EITHER A U.S CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO  |

**EMPLOYMENT DESIRED** DATE YOU SALARY

|  |
| --- |
| POSITION CAN START DESIRED  |

 IF SO MAY WE INQUIRE

ARE YOU EMPLOYED NOW? OF YOU PRESENT EMPLOYER?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION** | NAME AND LOCATION OF SCHOOL | \*No. of years attended | \*Did you Graduate? | Subjects Studied |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| TRADE OR BUSINESS SCHOOL |  |  |  |  |

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK OR SPECIAL SKILLS

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE, MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER, SUPERVISOR AND PHONE NUMBER | SALARY | POSITION | REASON FOR LEAVING |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |
| FROM |  |  |  |  |
| TO |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** Give names of three people not related to you, whom you have known at least one year.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME  | HOW DO YOU KNOW THIS PERSON | PHONE#/EMAIL | YEARS ACQUAINTED |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

I certify that the information on this application and it supporting documents is accurate and complete. I understand, and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize the employer to investigate and verify all statements contained in this application and supporting materials.

Signature Date