



## APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

LAST                      FIRST                      MIDDLE

PRESENT ADDRESS \_\_\_\_\_

STREET                      CITY                      STATE                      ZIP

PERMANENT ADDRESS \_\_\_\_\_

STREET                      CITY                      STATE                      ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OF AGE OR OLDER? YES  NO

ARE YOU A U.S. CITIZEN, LAWFUL PERMANENT RESIDENT, REFUGEE, OR ASYLEE? YES  NO   
 IF NO, PLEASE EXPLAIN THE AUTHORIZATION YOU HAVE THAT PERMITS YOU TO WORK FOR A COMPANY IN THE UNITED STATES.

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? YES  NO   
 IF YES, PLEASE INDICATE PREVIOUS NAMES.

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

I HAVE BEEN FULLY EXPLAINED AND UNDERSTAND THE JOB DESCRIPTION FOR THE ABOVE POSITION. I UNDERSTAND THE PHYSICAL AND EMOTIONAL DEMANDS OF THE ESSENTIAL FUNCTIONS OF THE POSITION. I ALSO UNDERSTAND THE ENVIRONMENTS IN WHICH THESE ESSENTIAL FUNCTIONS MIGHT BE PERFORMED AND THE VARIOUS HAZARDS WHICH MIGHT BE PRESENT. I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITHOUT PRESENTING A DANGER TO EITHER MYSELF OR MY CO-WORKERS. YES  NO   
 IF NO, EXPLAIN: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LAST

FIRST

MIDDLE

COMPLETE THIS SECTION ONLY IF POSITION YOU ARE SEEKING REQUIRES OPERATION OF COMPANY VEHICLES.	CURRENT DRIVER'S LICENSE TYPE AND NUMBER? _____ ISSUING DATE _____ EXPIRATION DATE _____
	TYPES OF VEHICLES YOU HAVE OPERATED? _____
	HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN REASON, INCLUDING DATES AND LOCATIONS. _____
	HAVE YOU BEEN A DRIVER IN ANY MOTOR VEHICLE ACCIDENTS WITHIN THE PAST 2 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DATES AND LOCATIONS OF EACH SUCH ACCIDENT. _____
	HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS WITHIN THE LAST 2 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST EACH CONVICTION, INCLUDING DATES, LOCATIONS AND TYPE OF VIOLATIONS. _____

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS. \_\_\_\_\_

U.S. MILITARY OR  
NAVAL SERVICE? \_\_\_\_\_

RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN  
NATIONAL GUARD OR RESERVES? \_\_\_\_\_

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY OR NO CONTEST TO A FELONY WITHIN THE LAST SEVEN YEARS?  
YES  NO

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY OR NO CONTEST TO A MISDEMEANOR WITHIN THE LAST SEVEN YEARS? YES  NO

HAVE YOU BEEN IMPRISONED WITHIN THE LAST SEVEN YEARS? YES  NO

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, PLEASE INCLUDE A DESCRIPTION OF THE VIOLATION INCLUDING THE DATE, LOCATION AND RESOLUTION.

NOTE: A conviction will not necessarily be a bar to employment. Factors such as dates, nature, seriousness of the offense, and rehabilitation will be considered.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	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 THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

**IMPORTANT NOTICE**

**APPLICANT SHOULD READ CAREFULLY BEFORE SIGNING BELOW**

My signature below certifies that I understand and agree to the following:

The information provided by me in this application is true, correct and complete to the best of my knowledge. Any misrepresentation or omission of material fact can result in cancellation of consideration for employment or termination from employment, if I am employed. I hereby acknowledge that I am not subject to any contract or agreement that will restrict or prohibit me from performing the work for which I am applying.

Compass Engineering & Consultants, LLC and its representatives have my permission to request a consumer employment report which may include information about my character, general reputation, personal characteristics and mode of living. I can contact Compass Engineering & Consultants, LLC for further information concerning the scope of such report. I further understand that any employment is conditioned on a background check. I authorize Compass Engineering & Consultants, LLC to thoroughly investigate all statements contained in my application or resume'. I understand that such investigation may include my criminal record or driving record, and I authorize Compass Engineering & Consultants, LLC to obtain my criminal record or driving record. Furthermore, I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Compass Engineering & Consultants, LLC, without giving me prior notice of such disclosure. In addition, I release Compass Engineering & Consultants, LLC, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure to the fullest extent provided by law, including, but not limited to, La. R.S. 23:291.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Compass Engineering & Consultants, LLC and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Compass Engineering & Consultants, LLC the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Drug and Alcohol Policy of Compass Engineering & Consultants, LLC

If I become employed, I will be employed for no fixed duration, and my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of either Compass Engineering & Consultants, LLC or me. No employee, representative, or agent of Compass Engineering & Consultants, LLC can modify this at-will relationship either before or after my employment except by a specific, written, employment contract with contrary provisions which is signed by me and the President of Compass Engineering & Consultants, LLC

This application will expire after ninety (90) days, and if I reapply it will be necessary for me to complete another application.

DATE SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY DATE

REMARKS:

ABILITY

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER