Coil Manufacturing Inc.

# Pre - Employment Questionnair
# Equal Opportunity Employer

Date: _____

| NAME (LAST NAME FIRST) | | SOCIAL SECURITY NO. | |
|---|---|---|---|
| PRESENT ADDRESS | CITY | STATE | ZIP CODE |
| PERMANENT ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NO. | REFERRED BY: | | |

## EMPLOYMENT DESIRED

| POSITION | DATE YOU CAN START | 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 | WHERE? | WHEN? |

## EDUCATION HISTORY

| | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|---|---|---|---|---|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | | |

## GENERAL INFORMATION

| SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS | **NOTICE:** To be eligible for hire you **must** have the following:<br>**1.** A valid Driver's License or State issued picture ID<br>**2.** A Social Security Card or Birth Certificate |
|---|---|
| | |
| | |
| U.S. MILITARY OR NAVAL SERVICE | RANK |

## FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE MONTH AND YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---|---|---|---|---|
| FROM<br>TO | | | | |
| FROM<br>TO | | | | |
| FROM<br>TO | | | | |
| FROM<br>TO | | | | |

Continued on other side

## APPLICATION FOR EMPLOYMENT

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE 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 herin 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 of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____ SIGNATURE: _____

INTERVIEWED BY: _____ DATE: _____

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

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| | | | |
|---|---|---|---|
| NEATNESS | | CHARACTER | |
| PERSONALITY | | ABILITY | |
| HIRED | FOR DEPT | POSITION | SHIFT |
| WILL REPORT | | SALARY WAGES | |

APPROVED: 1._____ 2._____ 3._____

EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

# CRIMINAL BACKGROUND CHECK

RELEASE FORM

NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS _____
STREET CITY STATE ZIP

PREVIOUS _____
STREET CITY STATE ZIP

ALIASES OR OTHER NAMES USED _____

DATE OF BIRTH _____ RACE _____ SEX _____

SOCIAL SECURITY NUMBER _____

DRIVERS LICENSE NUMBER _____ STATE _____

* * *

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT FOR SERVICE) WITH COIL MANUFACTURING, INC. (HEREINAFTER KNOWN AS CMI), I UNDERSTAND THAT INVESTIGATIVE INQUIRIES ARE TO BE MADE ON MYSELF INCLUDING CONSUMER CREDIT, CRIMINAL CONVICTIONS, MOTOR VEHICLE, AND OTHER REPORTS. THESE REPORTS MAY INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT FROM PREVIOUS EMPLOYERS. FURTHER, I UNDERSTAND THAT CMI WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE, AND OTHER AGENCIES THAT MAINTAIN RECORES CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL, EDUCATION, POLICE ARREST RECORDS IN ANY CRIMINAL JUSTICE AGENCY IN THE UNITED STATES, AND OTHER EXPERIENCES.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER TO FURNISH THE ABOVE MENTIONED INFORMATION.

* * *

_____ _____
APPLICANT SIGNATURE DATE

# APPLICANT CONSENT FORM

CMI HAS A DRUG AND ALCOHOL POLICY APPLICABLE TO ALL OF ITS EMPLOYEES. A COPY OF THIS POLICY IS AVAILABLE FOR YOUR REVIEW UPON REQUEST. EMPLOYMENT IS CONTINGENT UPON PASSING A PHYSICAL EXAMINATION AND UPON COMPLIANCE WITH CMI'S DRUG AND ALCOHOL POLICY. THIS PHYSICAL EXAMINATION AND THE DRUG AND ALCOHOL POLICY BOTH INCLUDE TESTING FOR ALCOHOL, NARCOTICS, HALLUCINOGENIC DRUGS, MARIJUANA AND OTHER CONTROLLED SUBSTANCES.

BY SIGNING THIS FORM, YOU ARE CERTIFYING THAT YOU HAVE READ AND UNDERSTAND CMI'S DRUG AND ALCOHOL POLICY, OR THAT YOU DECLINE TO READ IT, THAT YOU CONSENT TO TAKING ANY BLOOD, "BREATHANALYZER" OR URINALYSIS TESTS REQUIRED BY THE COMPANY AS PART OF YOUR EMPLOYMENT PHYSICAL EXAMINATION OR OTHERWISE, AND THAT YOU RELEASE THE COMPANY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM LIABILITY IN CONNECTION WITH OR AS A RESULT OF SAID EXAMINATION AND TESTS.

IF HIRED BY THE COMPANY, YOU CONSENT TO DRUG AND ALCOHOL TESTING AS MAY BE REQUIRED BY THE COMPANY, AUTHORIZE RELEASE OF ANY SUCH TEST RESULTS TO THE COMPANY, AND RELEASE THE COMPANY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM LIABILITY IN CONNECTION WITH OR AS A RESULT OF SAID TESTS. FURTHER, YOU AUTHORIZE RELEASE OF ANY TEST RESULTS TO THE COMPANY.

ALSO, IF HIRED BY THE COMPANY, YOU CONSENT TO REIMBURSE ALL EXPENSES ASSOCIATED WITH PRE-EMPLOYMENT TESTING AS OUTLINED ABOVE SHOULD YOUR EMPLOYMENT VOLUNTARILY TERMINATE WITHIN THE FIRST NINETY-(90) DAYS OF SERVICE.

YOU UNDERSTAND THAT FAILURE TO SIGN THIS CONSENT FORM IS CONSIDERED VOLUNTARY WITHDRAWAL OF YOU APPLICATION FOR EMPLOYMENT, WHICH PRECLUDES FURTHER CONSIDERATION FOR EMPLOYMENT.

**APPLICANT'S SIGNATURE** **DATE**