



PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER

<i>Personal Information</i>				
NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE		SECONDARY PHONE	
EMAIL ADDRESS			REFERRED BY	
<i>Employment Desired</i>				
POSITION	DATE YOU CAN START	SALARY DESIRED	ARE YOU UNDER 18 YRS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU CURRENTLY 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		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE		WHEN	
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE		WHEN	
REASON FOR LEAVING				
ARE YOU RELATED TO ANYONE IN THIS COMPANY?				
ARE YOU A UNION MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH UNION (S)				
<i>Education History</i>				
	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
TRADE SCHOOL, BUSINESS, ETC.				
<i>Military Service</i>				
HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH OF SERVICE		
DISCHARGE DATE		RANK		
<i>Training</i>				
SPECIAL TRAINING, CERTIFICATIONS, LICENSES				
SPECIAL SKILLS, ETC.				

Employment History (LIST BELOW LAST THREE EMPLOYERS, BEGIN WITH MOST RECENT POSITION)

NAME OF COMPANY			
ADDRESS	CITY	STATE	ZIP CODE
DATES WORKED FROM _____ / _____ TO _____ / _____		POSITION (S) HELD	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR	TITLE	PHONE #	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF COMPANY			
ADDRESS	CITY	STATE	ZIP CODE
DATES WORKED FROM _____ / _____ TO _____ / _____		POSITION (S) HELD	
NAME OF SUPERVISOR	TITLE	PHONE #	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF COMPANY			
ADDRESS	CITY	STATE	ZIP CODE
DATES WORKED FROM _____ / _____ TO _____ / _____		POSITION (S) HELD	
NAME OF SUPERVISOR	TITLE	PHONE #	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

Special Purpose Questions

THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONS SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Have you been convicted of a Felony or Misdemeanor within the last 5 years? If YES, please describe:
(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.)

I understand and agree that I may require to take one or more physical examination; drugs and alcohol test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s).

YES NO

Do you need special accommodations to perform job functions related to the position you are applying for?
If YES, please describe:

YES NO

Were you ever seriously injured? YES NO Please give details _____

What foreign languages do you speak fluently? _____

What foreign languages do you write fluently? _____

What foreign languages do you read fluently? _____

Do you have a Driver's License? YES NO Operator (Class C) Commercial (CDL/Class A)

What is your means of transportation to work? _____

Driver's License # _____ State of Issue _____

Expiration Date: _____ YES NO

Have you had any accidents during the past three (3) years? YES NO If YES, how many? _____

Have you had any moving violations during the past three (3) years? If YES, how many? _____



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

Authorization

"I certify that the facts contained in this applications are true and complete to the best of my knowledge and understand that, if the 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 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 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 of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal and state laws.

Applicant Signature: _____

Date: _____

DURAN & VENABLES, INCORPORATED

748 South Hillview Drive, Milpitas, CA 95035 | T 408-934-7300 | F 408-934-7310 | www.duran-venables.com

35 East 10th Street, Tracy, CA 95376 | T 209-337-0009 | CA LIC. #375068-A