

3136 OLD SANGO RD.
CLARKSVILLE, TN 37043
931-358-4700



PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER (EOE)

DATE: _____

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)				
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NUMBER	REFERRED BY			
DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE	RESTRICTIONS	ENDORSEMENTS

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	DATE?

ARE YOU 18 YEARS OR OLDER? YES NO

DO YOU HAVE RELATIVES WORKING FOR BYARD CONSTRUCTION LLC? YES NO

IF YES, WHO? _____ RELATIONSHIP _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

LEGAL DOCUMENTATION IS REQUIRED AND MUST PROVIDE PROOF.

HAVE YOU EVER COMMITTED, OR BEEN CONVICTED OF A CRIME (FELONY)? YES NO

IF YES, PLEASE EXPLAIN _____

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS CORRESPONDENCE			

GENERAL

SUBJECTS OF SPECIAL STUDY/ RESEARCH WORK OR SPECIAL TRAINING/SKILLS			
US MILITARY, RESERVE OR NATIONAL GUARD SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	RANK	HONORABLE DISCHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

(CONTINUE ON REVERSE SIDE)

SPECIAL QUALIFICATIONS

Equipment	Number of years experience	List employer that you received experience	Equipment		Number of years experience	List employer that you received experience
Dozer			Dump Truck	Off-Road		
Backhoe				On-Road		
Loader			Track Hoe			
Grader						
Skid-Steer						
Excavator						

Skills	Number of years experience	List employer that you received experience	Skills	Number of years experience	List employer that you received experience
Labor			Pipe Layer		
Mechanic			Surveying		
Driver			Foreman		

FORMER EMPLOYERS

BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE		NAME, ADDRESS, PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
MONTH AND YEAR					
1. FROM					
TO					
Employer's office #		Name of immediate supervisor & Contact #	Job duties		
2. FROM					
TO					
Employer's office #		Name of immediate supervisor & Contact #	Job duties		
3. FROM					
TO					
Employer's office #		Name of immediate supervisor & Contact #	Job duties		
4. FROM					
TO					
Employer's office #		Name of immediate supervisor & Contact #	Job duties		

(CONTINUE ON REVERSE SIDE)

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS & PHONE #	BUSINESS	YRS 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. IN ADDITION, ANY MISREPRESENTATIONS OR OMISSIONS OF FACTS CALLED FOR IN THIS APPLICATION WILL BE CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

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 THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I FURTHER AGREE AND AUTHORIZE A COMPANY REPRESENTATIVE TO PERFORM A BACKGROUND CHECK. IT SHOULD BE UNDERSTOOD THAT WHILE WE ATTEMPT TO PROVIDE STEADY, CONTINUOUS WORK, IT IS NOT GUARANTEED. 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 APPLICATION WILL REMAIN ACTIVE FOR SIXTY CALENDAR DAYS FROM THE DATE SIGNED BELOW. YOU MUST REAPPLY IF OVER THE SIXTY DAYS TO KEEP APPLICATION ACTIVE.

MEMBER OF TENNESSEE DRUG FREE WORKPLACE

DATE _____

SIGNITURE _____

DATE _____

INTERVIEWED BY _____

*****DO NOT WRITE BELOW THIS LINE*****

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	CREW	POSITION	START DATE	SALARY