

324 INNOVATION WAY  
CLARKSVILLE, TN 37042  
931-358-4700



PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

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 OLD 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	YRS 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
Dozier			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

LIST 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 WHILE WE ATTEMPT TO PROVIDE STEADY, CONTINUOUS WORK 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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTERVIEWED \_\_\_\_\_

BY

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

**REMARKS**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	CREW	POSITION	START DATE	SALARY