

Pre-Employment Questionnaire Equal Opportunity Employer

SOUTHWEST TRAFFIC CORP Application for Employment

PERSONAL INFORMATION

Name (Last, First)	<input type="text"/>	Phone Number	<input type="text"/>	Date	<input type="text"/>		
Present Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>					
Referred By	<input type="text"/>	E Mail Address	<input type="text"/>				

EMPLOYMENT DESIRED

Position	<input type="text"/>	Date You Can Start	<input type="text"/>	Salary Desired	<input type="text"/>
Are You 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				
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	<input type="text"/>	Where?	<input type="text"/>	

QUALIFICATIONS

Do you hold a state reg. Guard card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	<input type="text"/>	Expiration date	<input type="text"/>
Do you hold a state firearms permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number	<input type="text"/>	Expiration date	<input type="text"/>
Have you ever had security clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	When? Where? What level?			
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of employment desired. <input type="checkbox"/> full-time <input type="checkbox"/> part-time			
Will you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Shift availability: Morning <input type="checkbox"/> Yes <input type="checkbox"/> No Swing <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Will you be able to perform safely and efficiently all functions of the job(s) for which you will be assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain: <input type="text"/>			
Will you comply with the safety, work, attendance and employment policies of our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EDUCATION HISTORY

Name and location of school		Years attended	Did you graduate	Subjects studied
High School				
College				
Trade or Business				

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

Name	Phone Number	City	Company & Industry	Position Held	Years Known

(ONE FIRST)

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

Name of employer			Position		Reason for leaving:	
Dates of employment From		To	City		Direct manager	
Description of duties:					Phone number	
Name of employer			Position		Reason for leaving:	
Dates of employment From		To	City		Direct manager	
Description of duties:					Phone number	
Name of employer			Position		Reason for leaving:	
Dates of employment From		To	City		Direct manager	
Description of duties:					Phone number	

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 herein and the references and employers listed above to give you any and shall 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."

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____

REMARKS:

UNIFORM SIZE _____

By signing below you understand and agree to SWT Corp employment standards.

All new hires are under a 60 day probation period after which they will be evaluated on performance and arrival to job locations. If you fail on 3 arrivals, writeups or performance evaluations your employment with SWT Corp may be terminated. This evaluation period will determine your viability for your permanent assignment. Unsatisfactory conduct, behavior or performance during this period may result in but is not limited to the following: termination, relocation or suspension.

All SWT Corp guards must prove that they have completed the BSIS required 32 hours of Continued Education within 6 months of hire.

All SWT Corp guards must do an 8 hour refresher course each year.

The above are BSIS regulations which SWT Corp follows to the point.

Failure to provide proof of this training may result in suspension until certificates are provided to HR.

Termination if not provided within 3 months time. All armed staff must pass a company qualification test annually.

DATE _____ EMPLOYEE SIGNATURE _____