



APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME _____ **SOCIAL SECURITY #** _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE _____ **ARE YOU 18 YRS OR OLDER? YES** ____ **NO** ____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ____ **NO** ____

EMPLOYMENT DESIRED

POSITION _____ **DATE YOU CAN START** _____ **DESIRED SALARY** _____

ARE YOU EMPLOYED NOW? _____ **IF SO, MAY WE INQUIRE OF YOUR LAST EMPLOYER?** _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ **WHERE?** _____ **WHEN?** _____

REFERRED BY: _____

EDUCATION

| | NAME & LOCATION OF SCHOOL | NO. OF YRS. ATTENDED | DID YOU GRADUATE? | SUGJECTS STUDIED |
|--|--|---------------------------------|------------------------------|-----------------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | | | | |

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.)

**EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS,
COLOR OR NATION OF ORIGIN OF ITS MEMBERS**

U.S. MILITARY OR NAVAL SERVICE

RANK

**PRESENT MEMBERSHIP IN NATIONAL
GUARD OR RESERVES.**

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

| DATE/MONTH/ YEAR | NAME & ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|---------------------|-------------------------------|--------|----------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

WHICH OF THESE JOBS DID YOU LIKE THE BEST?**WHAT DID YOU LIKE MOST ABOUT THIS JOB?****REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM HAVE KNOWN YOU AT
LEAST ONE YEAR****ONE REFERENCE SHOULD BE FROM A PAST EMPLOYER**

| NAME | ADDRESS | BUSINESS | PHONE | YRS ACQUAINTED |
|------|---------|----------|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |

IN CASE OF EMERGENCY, NOTIFY:**NAME****ADDRESS****PHONE NO.**

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, 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.

DATE**SIGNATURE****DO NOT WRITE BELOW THIS LINE**

| | | | |
|----------------------------------|----------------------------------|--------------------------------|-------------------------------|
| INTERVIEWED BY: | | DATE: | |
| REMARKS: | | | |
| | | | |
| NEATNESS: | | ABILITY: | |
| HIRED: YES _____ NO _____ | | POSITION: | DEPT: |
| SALARY/WAGE: | | DATE REPORTING TO WORK: | |
| APPROVED: | 1. EMPLOYMENT MANAGER | 2. DEPARTMENT HEAD | 3. GENERAL MANAGER |

PLEASE ANSWER THESE QUESTIONS:

Have you ever been convicted of a felony? (Y N). If answer is YES, show in comments section the date, charge, place, court and action taken for each offense.

Do you have a current driver license? (Y N). If yes, Drivers License No. _____

Have you had any driving offense in the past 5 years? (Y N). If answer is YES, explain in comments section.

Do you have reliable transportation to and from work? (Y N). If answer is NO, explain in comments section.

Are you a U.S. Citizen? (Y N). If not, are you a permanent resident holding an Alien Registration Receipt (Form I-151)? (Y N). Registration No.: _____. If neither, explain status in comments section.

Do you have a physical condition which may limit your ability to perform the job applied for? (Y N). If answer is YES, explain in comments section. Are you taking any medications? (Y N). If answer is YES, list type and explain in comments section.

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

COMMENTS

Tell us anything else about your work interests, experience, abilities or career interests which may be helpful in evaluating your qualifications.

PRE-EMPLOYMENT STATEMENT:

I, _____ hereby authorize Edgemate, Inc. to obtain information regarding my employment and educational records from former or present employers, school officials, persons named herein as referenced and others. I release all concerns from any liability in connection therewith.

IF EMPLOYED BY THE COMPANY, I understand that such employment is subject to policies and regulations of the company and that such employment is "At Will" and may be terminated by either party at any time.

Within 60 days that a person is hired, that person's position will be reviewed by both the employer and the employee. This review will determine the mutual satisfaction of both parties. At that time the employer has the option and reserves the right to terminate or extend the Employee's position.

I UNDERSTAND THAT ANY FALSE STATEMENTS OR MISREPRESENTATIONS made by me on this Application or any supplement thereto will be sufficient grounds for immediate discharge.

DATE: _____

EMPLOYEE: _____

Edgemate, Inc.
Pre-Employment Information Authorization Form

Edgemate, Inc. is pleased to consider your application for employment at our wood veneer manufacturing facility. To fairly evaluate your ability to meet our standards for employment, we must ask for your consent to proceed with the following testing and background checks:

TESTING

Physical

Functional Capacity Testing

Drug Screening

Note: If testing comes back *negative dilute*, we will request test to be repeated. If 2nd test comes back with a *negative dilute* result, we will request you to have a *hair test* to confirm the fact that you are drug free.) Positive results are grounds for non-hire.

BACKGROUND CHECKS

Review Blair County files to verify criminal records (if any).

Contact a past employer to verify your dependability and work ethics (per Edgemate's choice).

I _____ authorize Edgemate, Inc. to proceed with the above mentioned testing and background checks. I also understand that submitting to and passing the above mentioned testing and background check does not constitute a contract for hire, that they will be used for pre-screening potential applicants only.