



METRICTEST™

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire / An Equal Opportunity Employer

Position Applied For: _____ Date of Application: _____

Date Available: _____ Salary Range Desired: _____

Who referred you to this company? Agency Walk In Newspaper St Employment Office
 College Placement Friend: name _____ Internet

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Home Phone ()	
Present Street Address	City	State	Zip	
Social Security Number:		Name and phone number of the person to be notified in case of emergency:		
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? If necessary, please describe what type(s) of reasonable accommodations are needed:				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have the legal right to work and be employed in the U.S.? (Proof of identity and legal authority to work in the U.S. is a condition of employment.)				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at least age 18? (Proof of age and work permits may be required prior to hiring)				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

EDUCATION

	Name of School and Address	Graduate?	Number of Years?	Subjects Studied?
High School				
College				
Other				
Subjects of Special Study or Research Work; Special Training; or Special Skills?				
Have you ever worked for this Company before?				
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

6,000 instruments. One source.



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EMPLOYMENT/WORK EXPERIENCE

Please list last three employers, starting with present or most recent employer.

1. Company Name

Address

Telephone Number

Employed (Month and Year)
Start Leave

Rate of Pay
Start Ending

Average Number of Hours
Worked Per Week:

Position(s) Held:

Supervisor's Name and Position:

Describe all of your significant duties:

May we contact this employer? Yes No

Reason for leaving:

2. Company Name

Address

Telephone Number

Employed (Month and Year)
Start Leave

Rate of Pay
Start Ending

Average Number of Hours
Worked Per Week:

Position(s) Held:

Supervisor's Name and Position

Describe all of your significant duties:

May we contact this employer? Yes No

Reason for leaving:

3. Company Name

Address

Telephone Number

Employed (Month and Year)
Start Leave

Rate of Pay
Start Ending

Average Number of Hours
Worked Per Week:

Position(s) Held:

Supervisor's Name and Position

Describe all of your significant duties:

May we contact this employer? Yes No

Reason for leaving:

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REFERENCES: Provide two business references you are NOT related to whom you've known for at least 1 year.

Name	Address	City	Yrs. Acquainted
Business	Relationship	Business Phone ()	

Name	Address	City	Yrs. Acquainted
Business	Relationship	Business Phone ()	

Service Record

Branch of Service	/	Discharge Date/Rank

Have you ever been convicted of a criminal offense? (Felony or serious misdemeanor) (Convictions for marijuana related offenses that are more than two years old need not be listed.) YES <input type="checkbox"/> NO <input type="checkbox"/>

If yes, state the nature of the crime(s), when and where convicted and disposition of the case. (Will not necessarily exclude you from consideration)

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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 ALL 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."

Signature of Applicant

Date

***Metric Equipment Sales, Inc. conducts Background and Credit Checks for all hired employees**

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