

# Pre-Application Questionnaire

\_\_\_ Yes, \_\_\_ No: **Do You Have a valid Driver's License?**

\_\_\_ Yes, \_\_\_ No: **Have you had any tickets or wrecks in the last three years?**

\_\_\_ Yes, \_\_\_ No: **Is your License currently suspended?**

\_\_\_ Yes, \_\_\_ No: **Are there any restrictions on your license? (Ex: B – LOFS 21)**

\_\_\_ Yes, \_\_\_ No: **Can you pass a drug test?**

\_\_\_ Yes, \_\_\_ No: **Are you 24 or Older?**

\_\_\_ Yes, \_\_\_ No: **Are able and willing to work nights? (This is a night shift position)**

\_\_\_ Yes, \_\_\_ No: **Are you able to work weekends and holidays?**

\_\_\_ Yes, \_\_\_ No: **Do you have a smart phone?(Some locations require app check ins)**

\_\_\_ Yes, \_\_\_ No: **Are you able to lift 35-50lbs?**

\_\_\_ Yes, \_\_\_ No: **Are you able to carry a backpack blower?**

\_\_\_ Yes, \_\_\_ No: **Are you able to walk approximately 1-3 miles a night while blowing and picking up trash?**

\_\_\_ Yes, \_\_\_ No: **Can you handle working around dirt, trash, and dumpsters?**

\_\_\_ Yes, \_\_\_ No: **Are you aware that the starting pay is \$12.00 an hour?**

\_\_\_ Yes, \_\_\_ No: **Will you need to give two weeks' notice at your current job?**

\_\_\_ Yes, \_\_\_ No: **Are you in school or do you have another job that you plan on keeping?**

\_\_\_ Yes, \_\_\_ No: **Do you have any restrictions on the hours you can work? (Must be back by certain time, or can only work so many hours?) \_\_\_\_\_**

\_\_\_ Yes, \_\_\_ No: **Do you have any questions for us before you apply?**

# EMPLOYMENT APPLICATION

## PERSONAL DATA

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone No. Home \_\_\_\_\_ Telephone No. Business \_\_\_\_\_  
 Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Position applied for \_\_\_\_\_  
 Date available for employment \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you willing to work:

Overtime (over 40 hrs./wk.)  Yes  No  
 On call . . . . .  Yes  No  
 Rotating shifts. . . . .  Yes  No  
 Nights. . . . .  Yes  No  
 Weekends (Sat./Sun.)  Yes  No  
 Holidays . . . . .  Yes  No  
 Travel . . . . .  Yes  No

Indicate applicable work skills:

Typing \_\_\_\_\_ WPM Shorthand \_\_\_\_\_ WPM  
 Keypunch \_\_\_\_\_ SPH  
 Word processor \_\_\_\_\_ (system)  
 Transcription  Yes  No  
 Other job-related skills \_\_\_\_\_

How were you referred to this organization? \_\_\_\_\_

Do you have any relatives working for this organization?  Yes  No  
 If yes, name \_\_\_\_\_ Department \_\_\_\_\_

Have you ever been employed by this organization?  Yes  No  
 If yes, position \_\_\_\_\_ Department \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, do you have a legal right to work in the United States?  Yes  No

Have you ever been denied a bond?  Yes  No If yes, please explain \_\_\_\_\_

Are you older than 18?  Yes  No If no, please specify age \_\_\_\_\_

Are you able to perform the duties of this job with reasonable accommodation?  Yes  No  
 If accommodations are needed, please describe \_\_\_\_\_

Since reaching 18, have you ever been convicted of a misdemeanor or a felony? (Note: convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.)  Yes  No

If yes, please explain \_\_\_\_\_

In an emergency, notify (Name) \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

## EDUCATION

School: Name and Address	Course of Study	Circle Year Completed	Did you graduate?	Diploma/Degree
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or Professional		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are now attending school, indicate where and the course of study \_\_\_\_\_

### Professional licenses/certificates

Type	State	Exp. Date	Registration No.
Driver's License (if you will use a vehicle)			

**READ and SIGN OTHER SIDE**



**EMPLOYMENT HISTORY**

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly or Yearly

Job title \_\_\_\_\_

Employer name, address and telephone \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title _____				
Employer name, address and telephone _____				
Duties _____				
Reason for leaving _____				

Job title _____				
Employer name, address and telephone _____				
Duties _____				
Reason for leaving _____				

**MILITARY SERVICE**

Branch \_\_\_\_\_ Rank \_\_\_\_\_ Job Classification \_\_\_\_\_

Are you presently a member of the National Guard or the Reserves?  Yes  No

May we run an employment check from the employers listed above?  Yes  No

Has notice been given to present employer?  Yes  No

Is there any additional information relative to change in name necessary to check your work history?  Yes  No

If yes, please explain \_\_\_\_\_

Please list references (not relatives or employers) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone
1.				
2.				
3.				

Make any comments you feel are pertinent to your application \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I authorize you to make any investigation and to obtain all lawful information which you deem necessary in connection with this application and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree that I may be required to complete a medical exam for initial and continued

employment. I further understand that in the event I am employed, such employment is at will and I agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without prior notice. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract. I and my potential employer mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision, or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration

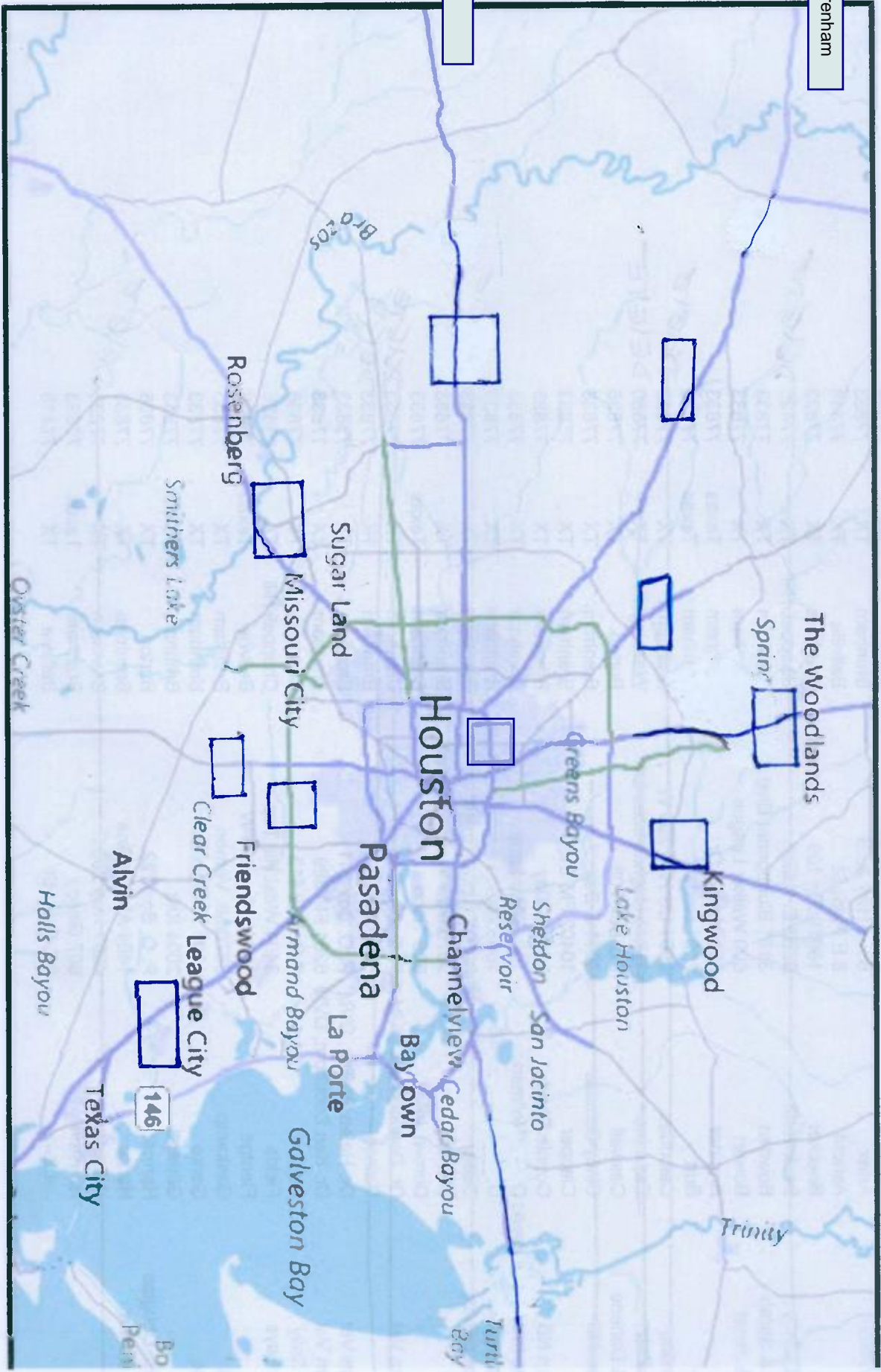
clause, shall be exclusively resolved utilizing a two-step Alternate Dispute Resolution (ADR) process as follows: 1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and 2) Failing settlement by mediation, we agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum (NAF), under the NAF Code of Procedure in effect at the time any claim is made, the Dispute Resolution Policy and the Arbitration Rules of Dispute Systems, Inc., or its successor. Any award of the arbitrator(s) may be entered as a judgment in any court of competent jurisdiction. In signing this Application, I am expressly waiving any right to trial by jury or judicial appeal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please label all roads in the box provided. All roads are highways or interstates.

To Brenham

Livingston



Katy

Galveston