



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

*All applications are kept on file for seven (7) days, after that you must reapply.
Employment is contingent upon passing a drug test.*

Date: _____

Referred By: _____

PERSONAL INFORMATION

Name (Last, First, Middle Initial) _____ **Social Security No.** _____

Present Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone No. _____ **Cell Phone No.** _____

EMPLOYMENT DESIRED

Position _____ **Date you can start:** Full Time Only Part Time Only Full or Part Time **Salary Desired:** _____

Do you have any medical conditions that would prevent you from performing the duties of the position you are applying for? (If Yes, Please explain)

Are you currently employed? Yes No **If yes, may we contact your current employer?** Yes No

Have you ever applied to Patterson-Horth, Inc. before? Yes No **When?** _____

How did you hear of this position? _____

EDUCATION

Type of School	Name of School	Location (Complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. or Trade School				
Professional School				

PREVIOUS EMPLOYMENT

Employer Name and Address (please include city, state & zip):

Employment Dates

From: _____
To: _____

Pay or Salary

Start: _____
Final: _____

Job Description:

Supervisor's Name &
Phone Number:

Reason for leaving (be specific):

Employer Name and Address (please include city, state & zip):

Employment Dates

From: _____
To: _____

Pay or Salary

Start: _____
Final: _____

Job Description:

Supervisor's Name &
Phone Number:

Reason for leaving (be specific):

Employer Name and Address (please include city, state & zip):

Employment Dates

From: _____
To: _____

Pay or Salary

Start: _____
Final: _____

Job Description:

Supervisor's Name &
Phone Number:

Reason for leaving (be specific):

REFERENCES

Give below the names of three persons not related to you whom you have known for at least one year.

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN

MILITARY

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Do you have a valid Driver's License? Yes No

Do you have dependable transportation which will allow you to get to and from jobsites within 60 miles of Indianapolis? Yes No

Driver's License Number: _____ State of Issue: _____ Exp. Date: _____

License Type: Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

Have you ever been arrested for a crime or crimes? Yes No

Have those arrests resulted in a conviction or convictions? Yes No

Explain arrests, conviction(s), nature of offense(s) leading to arrests or conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

I certify that my answers on this application are true and complete to the best of my knowledge. I also certify that all information contained within my resume (if provided) is true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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.

Signature: _____ Date: _____