

## **Pre-Employment Questionnaire Equal Opportunity Employer**

Office Use - MVR
Date
Results

Date

Personal Information							
Name						Social Security No.	
				1			
Address				City		State	Zip Code
Phone No.			Secondary Phone No.	<u> </u>		Best Time to be Reach	led
			,				
How did you hear about us?		•		Email			
Employment Desired					I		
Position			Potential Start Date		Available		Salary Desired
					Full-Time F	Part-Time	
			If so, may we contact your		Are you legally authorized to	.,	·
Are you currently employed?	Yes N		present employer?	Yes No	work in the US?	Yes	. No
Ever applied/worked at this			When		Do any friends or family work he	re? Please name.	
company before?	Yes N	lo			, ,		
, , , , , , , , , , , , , , , , , , , ,							
Can you travel if required?	Yes N		Can you work overtime/	Yes No	Do you currently have a valid	Yes	s No
			weekend if required?		Driver's License?		
Education History							
	N	ame & Location	of School	# of Years Attended	Did you Graduate?	Subjects Studied	
High School							
College							
College							
Tuesda Cabasal							
Trade School							
General Information	I						
Special Training							
Special Skills							
Military Service							
Former Employers	(Starting with Most Co	urrent)					
Date							
Month and Year	Name & City of Employer		Position	Salary	Reason for Leaving		Contact
From							
	1			1			
То	1			1			<b> </b>
Erom	1			1			<u> </u>
From				1			
То	1			1			<b> </b>
	<u> </u>			<u> </u>			
From							
	1			1			<b> </b>
То							<b> </b>
	<u> </u>			<u> </u>			
Gap in Work History	Reason						
From							
То	1						
I							
	1						
References (Ontional)							
References (Optional)			4.11/DL				
Name			Address/Phone No.		Relationship		Years Known
							<b> </b>
							<b> </b>

f my knowledge and understand that if the employed, falsified statements on
oyers listed above to give you any and all information concerning my previous
elease the company from all liability for any damage that may result from
enter into any agreement for employment for any specified period of time, or
authorized company representative."
Date
Office Use
Date of Employment
<u></u>
_

Date \_\_\_



433 East 15th Street Cookeville, TN 38501 (931) 526-6151 Fax: (931) 528-9283 www.carwilemech.com

## Disclosure

As part of our hiring background and investigation, we obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not limited to, credit information reports, criminal history reports, and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are entitled to a copy of your Rights Under the Fair Credit Reporting Act.



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## Release

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit <u>Carwile Mechanical Contractors, Inc.</u> to obtain a consumer report and/or investigative consumer report which may include the following:

1. My employment records;

Driver's License Number

- 2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- 3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
- 4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Carwile Mechanical Contractors, Inc. from liability that might otherwise result from the request for use of and/or disclosure of any or all foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

set forth above, as part of its investigation of my employment application. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Print Full Name

Signature

Date

I hereby authorize Carwile Mechanical Contractors, Inc. to obtain and prepare an investigative consumer report as

\*Applicants are considered for employment without regard to age, race, color, religion, sex, national origin, marital or veteran status, medical condition, or disability. Date of birth is required from all applicants to facilitate a background check.

Driver's License State

Birthdate\*

**Expiration Date**