

Office Use: Starting Salary: _____ Per Diem: _____ Job Site: _____ Hire Date: _____



Pre-Employment Questionnaire An Equal Opportunity Employer

7900 69th Avenue - Greenfield, Minnesota 55373 - Phone: 763-477-4774 Fax: 763-477-3884

Personal Information				Employee Number:	
Last Name:		First Name:		Middle Initial:	
Social Security Number:					
Present Address:		Apt. No.	City:		State: Zip:
Permanent Address - If Different Than Above:		Apt. No.	City:		State: Zip:
Willing to travel outside your state for job? Yes No		Phone Number:		Cell Phone Number:	
Are you 18 years or older? Yes No					

Emergency Contact Information

Contact 1 Name:		Relationship:	Phone Number:
Contact 2 Name:		Relationship:	Phone Number:
Medical Issues / Allergies:			

Employment Information

Desired Position:		Date Available:	Desired Wage:
Are you currently employed? Yes No		If Yes, Name of employer:	
Have you ever worked for McC Inc. before ? Yes No		Location / Supervisor:	Dates Worked:
How did you hear about McC Inc?			
Employment Agency	Newspaper Advertisement	Walk-In	Other
State Employment Office	College Placement Service	Friend - Name:	

General Information

Subjects of Special Study or Research Work:		Years of Experience:
Special Training:		Years of Experience:
Special Skills:		Years of Experience:

Signature

I certify the information contained in this application is true and complete to the best of my knowledge. I understand any omissions or falsified statements are grounds for dismissal. I authorize investigation of all statements contained herein and references, if listed, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing that information to McC Inc.

Signature: _____ Date: _____

Education

School Level	Name and Location of School	No. of Years Attended	Subjects Studied
Grammar School			
High School			
College			
Trade, Business, Correspondence School			

Former Employers (List Three Employers, Number 1 being the most recent.)

1	Name of Present or Last Employer				
	Address		City	State	Zip
	Job Title		Starting Date		Leaving Date
	Description of Work		Weekly Starting Salary		Weekly Final Salary
	Name of Supervisor		Title		Phone
	Reason for leaving:				

2	Name of Employer				
	Address		City	State	Zip
	Job Title		Starting Date		Leaving Date
	Description of Work		Weekly Starting Salary		Weekly Final Salary
	Name of Supervisor		Title		Phone
	Reason for leaving:				

3	Name of Employer				
	Address		City	State	Zip
	Job Title		Starting Date		Leaving Date
	Description of Work		Weekly Starting Salary		Weekly Final Salary
	Name of Supervisor		Title		Phone
	Reason for leaving:				

May we contact the employers listed above? Yes No If not, indicate by number the employers you do not want us to contact: