



**APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)**

INFRATROL Manufacturing Corp is an Equal Opportunity Employer

PERSONAL INFORMATION

Date _____

Name: _____ Soc. Sec. # _____
Last First Middle

Street Address: _____

City, State Zip: _____

Phone No. _____ Are you 18 Years or Older? Yes No

ARE YOU EITHER A U.S.CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ WAGE / SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER _____

EVER APPLIED TO INFRATROL BEFORE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	No. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

U.S. MILITARY SERVICE

SERVICE BRANCH _____ RANK _____ DISCHARGE DATE & TYPE _____

ARE YOU PRESENTLY A MEMBER OF THE NATION GUARD OR RESERVES? Yes No

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS List At Least Three Employers (Starting With Last One First)
Use Separate Sheet If Required

Date (Month/Year)	Name and Address of Employer	SALARY	POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES (Give the names of 3 Persons Not related to you, whom you have known for at least 1 year)

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

IN CASE OF EMERGENCY NOTIFY _____
Name Phone Number

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I AUTHORIZE THE REFERENCES LISTED ABOVE TO RELEASE 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 IT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH PRIOR NOTICE."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE _____

COMMENTS: _____

HIRED: Yes No POSITION: _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED
 1. _____ DIRECT SUPERVISOR
 2. _____ DEPT HEAD
 3. _____ OPERATIONS MANAGER