



Member of the **ARC GROUP**

Date Completed: _____

Application for Employment / Pre-Employment Questionnaire

Please complete the following in its entirety. Do not write "See Resume".
Infratrol Manufacturing Corp. is an Equal Opportunity Employer

Personal Information

Full Name: _____
Last First Middle Preferred Nickname

Street Address: _____

City, State, Zip: _____

Home Telephone: _____ Cellular Telephone: _____

Date of Birth: _____ SSN: _____

Do you have a valid driver's license? No Yes Issuing State: _____

Driver's License Number: _____ Expires: _____

Are you 18 years old or older? No Yes

Are you either a U.S. citizen or an alien authorized to work in the United States? No Yes

Education

	Name and location of school	Number of years attended	Did you graduate?	Area of study
High School				
College				
Trade/Business School				
Other:				

U.S. Military Service

Service branch:	Discharge date and type:
Highest rank achieved:	Are you now a member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History List at least three employers, starting with the most recent. Use separate sheet if necessary.

Date (Month/Year)	Name, Address of Employer	Position	Salary	Reason for Leaving
From:				
To:				
List your primary responsibilities:				
From:				
To:				
List your primary responsibilities:				
From:				
To:				
List your primary responsibilities:				

References. List three people not related to you that have known you a minimum of one year.

Name	Address and Telephone Number	Business	Years Acquainted

Employment Desired

For what type of position are you looking? _____

When are you available (date)? _____ Wage or salary desired? _____

Are you employed now? No Yes, can we contact your current employer? No Yes

Have you ever applied to Infracore before? No Yes, when?

How did you hear about Infracore? If you were referred by an employee, please give that employee's name:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? No Yes, what can be done to accommodate your limitations? _____

In case of emergency, who should we notify?

Name: _____ Telephone: _____ Relationship? _____

"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."

Signed _____ Date _____

For Office Use Only – Please Do Not Write Below This Line

Interviewed By: _____ Date/Time: _____

Comments: _____

Position: _____ Dept. _____ Hired? Yes No

Salary or wage: _____ Start Date: _____

Other Compensation/Benefits: _____

Approved: Direct Supervisor: _____

Department Head: _____

Operations Manager: _____

Drug Screen Scheduled: _____

Background Check Conducted: _____

Motor Vehicle Record Acquired: _____