

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

LAST NAME

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST) <b>RUSSMAN, ERIC</b>		SOCIAL SECURITY NO. <b>526 65 5271</b>	
PRESENT ADDRESS <b>705 Riverside Dr 8206</b>	CITY <b>Wenatchee</b>	STATE <b>WA</b>	ZIP CODE <b>98801</b>
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. <b>206 551-4767</b>	SECONDARY PHONE NO.	REFERRED BY	

## Employment Desired

POSITION <b>DRIVER</b>	DATE YOU CAN START <b>Immed.</b>	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input checked="" type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE		

FIRST

MIDDLE INITIAL

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL	<b>Glendale High School ARIZONA.</b>		<b>yes</b>	
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

RECEIVED RECORDS MANAGEMENT  
 2017 MAR - 2 PM 3:46  
 STATE OF WASH. UTIL. AND TRANSP. COMMISSION

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

**Former Employers** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER <b>Fed-X Freight</b>			
ADDRESS		CITY <b>Seattle</b>	STATE <b>WA</b>
STARTING DATE <b>5/24/94</b>		LEAVING DATE <b>11/13/2013</b>	JOB TITLE <b>Driver</b>
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK <b>Driver - delivery freight.</b>			
REASON FOR LEAVING <b>LAI D OFF</b>			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**References** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE
<b>See Attached Resume</b>			

# Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

LAST NAME: **MUTH**  
FIRST: **MICHAEL**  
MIDDLE INITIAL: **P**

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST) <b>MICHAEL MUTH MICHAEL</b>		SOCIAL SECURITY NO. <b>532-98-2921</b>	
PRESENT ADDRESS <b>16344 S.E. 40TH ST</b>		CITY <b>BELLEVUE</b>	STATE <b>WA</b>
PERMANENT ADDRESS		CITY	STATE
PHONE NO. <b>206 819 4996</b>		SECONDARY PHONE NO. <b>NA</b>	REFERRED BY
		ZIP CODE <b>98006</b>	ZIP CODE

## Employment Desired

POSITION <b>DRIVER</b>	DATE YOU CAN START <b>NOW (PART-TIME)</b>	SALARY DESIRED <b>MIN. WAGE + TIPS</b>
ARE YOU EMPLOYED NOW? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING <b>NA</b>		
		NAME OF LAST SUPERVISOR AT THIS COMPANY
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input checked="" type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE		

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL	<b>MERCER ISLAND</b>	<b>4</b>	<b>Y</b>	<b>GENERAL BUSINESS</b>
COLLEGE	<b>NA</b>			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL	<b>NA</b>			

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	RECEIVED RECORDS MANAGEMENT 2017 MAR -2 PM 3:46 STATE OF WASH. DEPT. AND TRANSP. COMMISSION
SPECIAL TRAINING, CERTIFICATIONS, LICENSES <b>NA</b>	
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.	

## Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

**Former Employers** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER <b>WASTE MANAGEMENT</b>			
ADDRESS <b>7301 W. MARGINAL WAY</b>	CITY <b>SEATTLE</b>	STATE <b>WA</b>	ZIP <b>98106</b>
STARTING DATE	LEAVING DATE <b>N.A.</b>	JOB TITLE <b>DRIVER</b>	
WEEKLY STARTING SALARY \$ <b>350.00</b>	WEEKLY FINAL SALARY \$ <b>N.A.</b>	MAY WE CONTACT YOUR SUPERVISOR? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK <b>COMMERCIAL TRASH P/U DRIVER</b>			
REASON FOR LEAVING <b>NA</b>			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

**References** (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE