



# DBE UTILITY SERVICES

## Pre-Employment Questionnaire

### PERSONAL INFORMATION

Name:			Soc. Security Number:
Address:			DOB:
City:	State	Zip:	Email:
Contact Number:	Cell Number:		Referred By:
Position Desired:	Start Date:	Desired Salary:	
Emergency Contact:	Phone:	Relationship:	

- Have you ever worked at DBE Management Inc. and/or DBE Utility Services?  Yes  No
- Have you ever applied at DBE Management Inc. and/or DBE Utility Services  Yes  No
- Are you under 18 years of age?  Yes  No
- Are you eligible to work in the US?  Yes  No
- Do you have transportation to and from work?  Yes  No
- Are you able to travel if the job requires it?  Yes  No
- Do you require any special accommodations to perform the essential function of your job?  Yes  No

What days of the week are you available to work?

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Are there any hours, shifts or days you are unable to work? \_\_\_\_\_

Have you been convicted of a felony in the last five years? If yes, please provide details:  Yes  No

### EDUCATION

Name of School	City/State	Graduate?	Degree?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMPLOYMENT HISTORY/FORMER EMPLOYERS**

<b>MOST RECENT EMPLOYER</b>		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:		Supervisor Contact Name:		
Phone:	Dates From:	To:	Salary:	
Reason for Leaving:		Duties/Responsibilities:		
<b>SECOND MOST RECENT EMPLOYER</b>		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:		Supervisor Contact Name:		
Phone:	Dates From:	To:	Salary:	
Reason for Leaving:		Duties/Responsibilities:		
<b>THIRD MOST RECENT EMPLOYER</b>		May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company Name:		Supervisor Contact Name:		
Phone:	Dates From:	To:	Salary:	
Reason for Leaving:		Duties/Responsibilities:		

**REFERENCES** (Only include those individuals familiar with your work ability. DO NOT include relatives)

Name	Address	Phone	Years Known/Relationship

NOTICE TO APPLICANTS: We comply with the American with Disabilities Act of 1990. During the interview process you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. We adhere to a policy of make employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment at the Employer solely depends on your qualifications.

CERTIFICATION AND RELEASE: I certify that I have read and understood the applicant note on page one and that the answers given to me to the forgoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of fact called for in this application may result in rejection of my application or discharge at any times during my employment. I authorize the company and/or its agents, including customer reporting bureaus to verify any of this information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs are prohibited during employment. If company policy requires, I am willing to submit to a drug test to detect the use of illegal drugs prior to and during employment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_