PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL-OPPORTUNITY EMPLOYER

Driscoll Construction Company, Inc.

1740 Walton Road, Suite 200 Blue Bell, PA 19422 (tel) 610-828-7472 (fax) 610-828-7582

PERSONAL INFORMATI	Date:					
NAME (Last Name First)		Social Security No.				
PRESENT ADDRESS	CITY	<u>STATE</u>	ZIP CODE			
PERMANENT ADDRESS	CITY	<u>STATE</u>	<u>ZIP CODE</u>			
PHONE NUMBER		REFERRED BY				

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START			SALARY DESIRED		
ARE YOU EMPLYOYED?	/ES	NO	IF SO, MAY WE INQUIR YOUR PRESENT EMPLO		YES	NO

EDUCATION HISTORY

		YEARS	DID YOU	
NAME &	NAME & LOCATION OF SCHOOL		GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILL	
U.S. MILITARY OR NAVAL SERVICE	RANK

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FORMER EMPLOYEES (List below your last four employers, starting with the last one first)

DATE MONTH AND YEAR		NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal state laws."

Date:

Signature:

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Interviewed By:
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Date:

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APPLICANT: DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS			CHARACTER			
PERSONALITY			ABILITY			
<u>HIRED</u>	<u>FOR</u> DEPT.	POSITION		WILL REPORT	<u>SALARY</u> WAGES	

 APPROVED:
 1.)
 2.)
 3.)

 EMPLOYMENT MANAGER
 DEPARTMENT HEAD
 GENERAL MANAGER

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Your Social Security Number

SCSC-1A Rev 07/04			RE	SEAR	CH QU	IESTIO	NNAI	RE	
	ure equal employmen	• •			•				will be used for research purposes information is important. This
	DO YOU DESCRIBE YOUR								
BLA	.CK (not of Hispanic Origi	n): Persons h	aving or	igins in a	iny of th	e Black ra	acial gro	ups of Af	trica.
HISP		n, Puerto Ric	an, Cuba	an, Centi	ral or So	uth Ame	rican or	other Sp	anish Culture or origin, regardless of
		n): Persons h	naving or	iginals ir	n any of	the origi	nal peop	les of Eu	rope, North Africa, or the Middle East.
cult ASIA	ural identification throug	h tribal affilia Persons hav	ation or ing origi	commur ns in any	hity reco of the	gnition. original p	eoples o	of the Far	ole of North America, and who maintain r East, Southeast Asia, the Indian Philippine Islands, and Samoa.
	OF BIRTH?					-		OUR SEX	
	Month Day		Year					Fei Ma	male ale
D. WHAT	IS THE HIGHEST SCHOO	L GRADE YO	U HAVE	COMPLE	TED?				
	HIGH SCHOOL	7 or less	8	9	10	11	12	GED	
	COLLEGE	1	2	3	4	5 or m	ore		
						•			
E. DID Y	OU LEARN ABOUT THIS J	OB AT A LOC	AL TEAN	/I PA CAI	REERLIN		?		Yes No

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Application for Employment

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