

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)  
ONLY PROVIDE INFORMATION SPECIFICALLY ASKED FOR. APPLICATIONS  
CONTAINING EXTRA INFORMATION WILL BE DISQUALIFIED.

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## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

SOCIAL SECURITY  
NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

PHONE NO. \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?

YES

NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

YES

NO

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## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_

DATE YOU  
CAN START \_\_\_\_\_

SALARY  
DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE  
OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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**PLEASE NOTE: DUE TO THE LONG HOURS AND RIGOROUS PHYSICAL DEMANDS OF PIPELINE CONSTRUCTION WORK, WE DO NOT ALLOW MERIDIEN EMPLOYEES TO WORK IN THE EMPLOY OF OTHERS WHILE WORKING FOR US.**

(CONTINUED ON THE OTHER SIDE)

**FORMER EMPLOYERS** (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS

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NEATNESS		ABILITY		
HIRED	Yes <input type="checkbox"/>	No <input type="checkbox"/>	POSITION	DEPT.
SALARY / WAGE		DATE REPORTING TO WORK		
APPROVED:	1.	2.	3.	
EMPLOYMENT MANAGER		DEPT. HEAD	GENERAL MANAGER	

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