## TRI-COUNTY PROCESS SERVING LLC

EQUAL OPPORTUNITY EMPLOYER
P.O. BOX 1224, BOISE, IDAHO, 83701 (208) 344-4132 (800) 473-3454

## APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATION

**DATE:** 

NAME		SOCIAL SE	CUDITY#	
NAME LAST FIR	ST MIDDLE	SOCIAL SE	CURIT 1#	
	WIDDE			
PRESENT ADDRESS	CTREET	CITY	STATE	ZIP
	STREET	CITY	STATE	ZIP
PERMANENT ADDRESS				
	STREET	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OI	DER? YES NO	PHONE NO	).	
IN CASE OF EMERGENCY	NOTIFY			
IN CASE OF EMERGENCY	NAME	ADDRESS		PHONE NO.
EMPLOYMENT DESIRED	<u> </u>			
POSITION	POSITION DATE YOU CAN START SALARY DESIRED			
ARE YOU EMPLOYED NOV	W?	IF SO, MAY WE INQU	IRE OF YOUR PRESENT	EMPLOYER?
EVER APPLIED TO THIS CO	OMPANY BEFORE?	WHEN?		
WHO REFERRED YOU TO THIS COMPANY: EMPLOYMENT AGENCY NEWSPAPER ADVERTISEME				
		STATE EMPLOYMENT OFF	COLLEGE	PLACEMENT SERVICE
		STATE EMPLOTMENT OF	TCE COLLEGE	FLACEMENT SERVICE
		WALK-IN FRIEND	OTHER:	
EDUCATION				
SCHOOL I EVEL	NAME & LOCATION	VEARS ATTENDED	CDADUATES V/N	SUBJECTS
SCHOOL LEVEL	NAME & LOCATION	YEARS ATTENDED	GRADUATE? Y/N	STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE				

GENERAL				
SPECIAL TRAINING, CERTIFIC	CATE OR LICENSE			
PRESENT OR LAST EMPLOYE	R			
	NAME	ADDRESS		
STARTING DATE		LEAVING DATE		
MONT	H YEAR		MONTH YEAR	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY		
JOB TITLE		MAY WE CONTACT YOUR SU	PERVISOR?	
TOD IIIEE		MART WE CONTROL TOOK SO	1 ERVISOR:	
NAME AND TITLE OF SUPERV	TISOR	PHONE NUMBER		
DESCRIPTION OF WORK				
REASON FOR LEAVING				
DDEGENTS ON LACTIFICATION OF COMPANY				
PRESENT OR LAST EMPLOYE	NAME	ADDRESS		
STARTING DATE		LEAVING DATE		
MONT	H YEAR		MONTH YEAR	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY		
JOB TITLE		MAY WE CONTACT YOUR SUPERVISOR?		
NAME AND TITLE OF SUPERV	VISOR	PHONE NUMBER		
DESCRIPTION OF WORK				
BESCHI HOIVOI WORK	<u> </u>			
REASON FOR LEAVING				
DETERDENCES. MARKE OV	IDEE DEDCOMO NOT DEV.	ED TO VOIL WHOLE WOLLD	WHOMA AT A THOROUGH	
NEFERENCES: NAME TO	REE PERSONS NOT RELAT	ED TO YOU, WHOM YOU HAVE	KNOWN AT LEAST ONE YEAR	
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED	
1.				

2.

3.

1.	Do you have reliable transportation?
2.	Do you have a valid auto insurance policy?
3.	Are you able to work from 10 am to 5pm, Monday-Friday? If so, are you able to work past 5pm?
4.	Do you have any mental or physical impairment that you prevent you from performing the job you are applying for?
5.	How do you handle stress?
6.	Have you ever been convicted of a crime? If yes, please explain.
7.	Do you have experience working independently, if so explain?
8.	How would you describe your organizational skills?
9.	What are your short-term personal and professional goals? (1-5 years)
10.	What are your long-term personal and professional goals? (1-5 years)
11.	Are you familiar with the Boise area?
12.	What hobbies/interests do you have?
13.	What attributes do you have that would benefit Tri-County?
14.	Why should we hire you?
	AUTHORIZATION
TH RE RE AN A I	ERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAN AT IF ANY FALSE INFORMATION, OMMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE DECTED AND, IF I AM IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND GULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, D WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. TRI-COUNTY MAY ALSO CONDUCT SACK GROUND CHECK TO INCLUDE A CREDIT CHECK WITH MY INFORMATION. I ALSO UNDERSTAND AND AGREE THAT THE RMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE,
	ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND

THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OF

EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

SIGNATURE

DATE