

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*

DATE: _____

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY# _____
 LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET CITY STATE ZIP

PERMANENT ADDRESS _____
 STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? YES NO PHONE NO. _____

IN CASE OF EMERGENCY NOTIFY _____
 NAME ADDRESS PHONE NO.

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? WHEN? _____

WHO REFERRED YOU TO THIS COMPANY: EMPLOYMENT AGENCY NEWSPAPER ADVERTISEMENT
 STATE EMPLOYMENT OFFICE COLLEGE PLACEMENT SERVICE
 WALK-IN FRIEND OTHER: _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION	YEARS ATTENDED	GRADUATE? Y/N	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDANCE SCHOOL				

GENERAL

SPECIAL TRAINING, CERTIFICATE OR LICENSE

PRESENT OR LAST EMPLOYER

NAME		ADDRESS		
STARTING DATE	LEAVING DATE			
MONTH	YEAR	MONTH	YEAR	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY		

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NUMBER

DESCRIPTION OF WORK

REASON FOR LEAVING

PRESENT OR LAST EMPLOYER

NAME		ADDRESS		
STARTING DATE	LEAVING DATE			
MONTH	YEAR	MONTH	YEAR	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY		

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NUMBER

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: NAME THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

1. What are your strengths and weaknesses?
2. What is your most important/proudest professional accomplishments.
3. What is your ideal work environment?
4. What motivates you?
5. What is your experience with computers in general and can you install software on computers and perform basic maintenance on them?
6. Tell me about some of your achievements that were recognized by your superiors.
7. What are some things you would like to avoid in a job? Why?
8. What are some of the things on your jobs that you feel you have done particularly well?
9. What does success mean to you?
10. What are some of the things about your last job that you found challenging and how did you overcome them?
11. How has your present job developed you to take on even greater responsibilities?
12. Customers frequently create a great deal of pressure. What has been your experience in this area?
13. What types of pressures do you experience on your current job? How do you cope with these pressures?
14. In your current position, what types of decisions do you make without consulting your immediate supervisor?
15. What types of experiences have you had in dealing with difficult customers?
16. What will your last supervisor tell me are your two weakest areas?
17. Do you have reliable transportation, valid auto insurance and are you able to run various errands for the company if needed?

18. Are you able to work 8:30 am to 5pm, Monday-Friday? If so, are you able to work past 5pm?
19. Do you have any mental or physical impairment that may prevent you from performing the job you are applying for?
20. Have you ever been convicted of a crime (even a withheld judgment)? If yes, please explain.
21. Do you have experience working independently? Please explain.
22. How would you describe your organizational skills?
23. What are your short-term personal and professional goals?
24. What are your long-term personal and professional goals?
25. Are you familiar with the Treasure Valley area?
26. What hobbies/interests do you have?
27. What attributes do you have that would benefit Tri-County?
28. Why should we hire you?

AUTHORIZATION

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 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. 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.

DATE

SIGNATURE
