

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. 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

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. TRI-COUNTY MAY ALSO CONDUCT A BACK GROUND CHECK TO INCLUDE A CREDIT CHECK WITH MY INFORMATION. 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
