

# SCREENING APPLICATION

**APPLICANT:** Please complete this form by printing information in the unshaded boxes below. Circle a number where appropriate. Do NOT write in the shaded boxes.

COMPANY APPLYING FOR

POSITION OR CRAFT FOR WHICH APPLYING

TODAY'S DATE Month      Date      Year			SOCIAL SECURITY NUMBER			NAME ( Last, First, Middle Initial)		
MAILING ADDRESS - Number and Street						CITY, STATE		
COUNTY			ZIP CODE		HOME TELEPHONE NUMBER		ADDITIONAL TELEPHONE NUMBER	
BIRTHDATE Month      Year		ARE YOU IN SCHOOL? 1 YES      2 NO		CIRCLE HIGHEST GRADE COMPLETED: Grade School      High School      College      BA/BS      Master's      PhD 0 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18 19				
NUMBER IN HOUSEHOLD				ANNUAL HOUSEHOLD INCOME \$		ARE YOU EMPLOYED NOW? 1 YES      2 NO		

MILITARY SERVICE ( If none, leave this area blank)		Date Entered		Date Separated	
Branch of Service	Military Speciality	Month      Day      Year	Month      Day      Year		

If you are a military veteran, what type of discharge do you have? \_\_\_\_\_

Do you have a military disability? NO YES → Percent \_\_\_\_\_

List industrial machines/equipment you can operate: \_\_\_\_\_

Do you type? NO YES → estimated WPM \_\_\_\_\_ Do you take dictation? NO YES → estimated WPM \_\_\_\_\_

List computer skills/software experience you have: \_\_\_\_\_

Describe any aircraft building/repair experience you have. \_\_\_\_\_

Describe any other vocational skills you have. \_\_\_\_\_

Do you have a current occupational license or certification? NO YES → What type? \_\_\_\_\_

List math and science courses passed since the 9th grade: \_\_\_\_\_

List college/vocational/technical or other training or schooling:  
(Include major college courses) \_\_\_\_\_

Do you have work tools? NO YES → What kind? \_\_\_\_\_ Value \$ \_\_\_\_\_

Have you ever been employed by this company before? NO YES → Where? \_\_\_\_\_ When? \_\_\_\_\_

Do you have any relatives working for this company? NO YES What date can you start work? \_\_\_\_\_

Do you have a valid Driver's License NO YES → What State? \_\_\_\_\_ What type? Regular Chauffeurs Other \_\_\_\_\_

## COMPLETE ONLY IF YOU ARE APPLYING FOR POSITIONS INVOLVING DRIVING :

Do you have a Commercial Driver's License (CDL) NO YES → What type? \_\_\_\_\_

How many traffic violations have been charged to you in the last three years? \_\_\_\_\_

How many traffic accidents have been charged to you in the last three years? \_\_\_\_\_

**ALL APPLICANTS:** Turn this form over and complete the reverse.

CATALOG NUMBER: 51565

COMPANY APPLYING FOR :

POSITION/CRAFT APPLYING FOR :

APPLICANT'S NAME:

**WORK HISTORY:** LIST BELOW YOUR SIGNIFICANT WORK EXPERIENCE, INCLUDING MILITARY SERVICE. BEGIN WITH YOUR MOST RECENT JOB. INCLUDE THE TASKS YOU PERFORMED, THE MACHINES YOU OPERATED, THE TOOLS YOU USED, AND THE RESPONSIBILITIES YOU HAD.

COMPANY NAME				CITY, STATE				
LENGTH OF JOB (Months)	DATE JOB ENDED Month    Year	SALARY/WAGE Dollars    Cents	SALARY/WAGE PER:					
			1 Hour	2 Day	3 Week	4 Month	5 Year	0 Other
REASON FOR LEAVING 1 Layoff    3 Fired    5 Other 2 Quit      4 Job Ended			JOB TITLE & Duties: Describe main duties, tasks performed, machines operated, tools used, and responsibilities:					

COMPANY NAME				CITY, STATE				
LENGTH OF JOB (Months)	DATE JOB ENDED Month    Year	SALARY/WAGE Dollars    Cents	SALARY/WAGE PER:					
			1 Hour	2 Day	3 Week	4 Month	5 Year	0 Other
REASON FOR LEAVING 1 Layoff    3 Fired    5 Other 2 Quit      4 Job Ended			JOB TITLE & Duties: Describe main duties, tasks performed, machines operated, tools used, and responsibilities:					

COMPANY NAME				CITY, STATE				
LENGTH OF JOB (Months)	DATE JOB ENDED Month    Year	SALARY/WAGE Dollars    Cents	SALARY/WAGE PER:					
			1 Hour	2 Day	3 Week	4 Month	5 Year	0 Other
REASON FOR LEAVING 1 Layoff    3 Fired    5 Other 2 Quit      4 Job Ended			JOB TITLE & Duties: Describe main duties, tasks performed, machines operated, tools used, and responsibilities:					

Describe any other jobs you have had. \_\_\_\_\_

\_\_\_\_\_

Are you a U.S. citizen?    YES    NO    →    If NO, do you have a work permit?    NO    YES    →    Work Permit Number \_\_\_\_\_

Do you have a vehicle?    NO    YES

How many miles (one way) will you travel each day to a job? \_\_\_\_\_ Will you relocate?    NO    YES    →    Where? \_\_\_\_\_

Do you need public transportation to work?    NO    YES

What is the lowest salary you will accept? \$ \_\_\_\_\_ per (circle one)    Hour    Day    Week    Month    Year

What kind of work week are you looking for?    Full time    Part time    Either full time or part time

Would you consider temporary work?    NO    YES    What shift(s) can you work?    First    Second    Third    Rotating    Split

LOCAL OFFICE	STATION/DESK	Date Reviewed _____	TEST ( date, type, results) _____	Other _____
		Interviewer Initials _____		