



North Shore Track Services, Inc.  
 710 S. 59th  
 Avenue West  
 Duluth, MN 55807  
 Phone: 218-727-3671

**PRE-EMPLOYMENT  
 QUESTIONNAIRE  
 ANEQUAL  
 OPPORTUNITY EMPLOYER**

# APPLICATION FOR EMPLOYMENT

LAST

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE		

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT OFFICE	<input type="checkbox"/> NEWSPAPER ADVERTISING	<input type="checkbox"/> FRIEND
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALK IN
		<input type="checkbox"/> WEB SITE
		<input type="checkbox"/> OTHER

FIRST

MIDDLE

## EDUCATION

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

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

# FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE		
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE		
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

NAME OF PRESENT OR LAST EMPLOYER				PHONE		
ADDRESS		CITY		STATE		ZIP
STARTING DATE		LEAVING DATE		JOB TITLE		
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR			TITLE		PHONE	
DESCRIPTION OF WORK						
REASON FOR LEAVING						

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1					
2					
3					

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?	YES	NO
IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)	<input type="checkbox"/>	<input type="checkbox"/>

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?

Job Function 1: Ability to properly lift, push and pull 100 pounds. Yes    No

Explain if you cannot perform the tasks or can perform the task only with accommodations

\_\_\_\_\_

\_\_\_\_\_

Job Function 2: Ability to repeatedly bend at the waist while performing general tasks. Yes    No

Explain if you cannot perform the tasks or can perform the task only with accommodations

\_\_\_\_\_

\_\_\_\_\_

Are you willing to traveling and how much? 0%    25%    50%    75%    100%

# AUTHORIZATION

I UNDERSTAND AND AGREE THAT I MAY BE REQUIRED TO TAKE ONE OR MORE PHYSICAL EXAMINATION AS A CONDITION OF HIRING OR CONTINUED EMPLOYMENT. I AGREE TO CONSENT TO TAKE SUCH TEST AT SUCH TIME AS DESIGNATED BY THE COMPANY AND TO RELEASE THE COMPANY, IT'S DIRECTORS, OFFICERS, AGENTS OR EMPLOYEES FROM ANY CLAIM ARISING IN CONNECTION WITH THE USE OF SUCH TEST.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY RERESENTATIVE."

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DATE

SIGNATURE

**DO NOT WRITE ON THIS PAGE  
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

INTERVIEWED BY	DATE
COMMENTS	

HIRED (DATE) FOR DEPT.	FOR POSITION	
SALARY WAGES	WILL REPORT	
APPROVED 1	EMPLOYMENT MANAGER	DATE
APPROVED 2	DEPARTMENT MANAGER	DATE
APPROVED 3	GENERAL MANAGER	DATE