

## Application for Employment

- We request the following information to help us make the best possible placement. You should complete all portions of this application that pertain to you. All information given will be held in strict confidence.
- If employment is offered and accepted, you are required by law to show proof of eligibility to work in the USA.
- Post-offer drug screenings and background checks are required for all new hires.

Pre-employment questionnaire  
 Pacific Mutual Door and Window is an equal opportunity employer

\* Indicates required field

### PERSONAL INFORMATION

First name*	Middle name*	Last name*		
Present address*	Apt. No.	City*	State*	ZIP*
Are you 18 years or older?*	Email address*		Best number to reach you*	
Yes      No				
			What type of phone is this?*	
			Home	Work      Cell

### DESIRED EMPLOYMENT

Position\*

  

Date available to begin	Desired salary			
Are you currently employed?	If so, may we contact your current employer?			
Yes      No	Yes	No		
Have you ever applied to this company before?	Where?	When?		
Yes      No				
Have you ever worked for this company before?	Where?	When?		
Yes      No				
Employment preference				Are you willing to work overtime?
Full time    Part time    Temporary    Other    No preference				Yes      No

How did you hear about the position?

## EDUCATION

### HIGH SCHOOL

Name

Last year completed

1      2      3      4

Did you graduate?

Yes      No

### COLLEGE/TECHNICAL

Name

Major/courses

Last year completed

1      2      3      4

Did you graduate?

Yes      No

Degree/certificate

## SKILLS AND QUALIFICATIONS

Please list skills, licenses or certificates that are job-related or that you feel would be of value to this job or company.

## EMPLOYMENT HISTORY

### 1. CURRENT OR MOST RECENT EMPLOYER

Company name\*

Telephone\*

Address\*

City\*

State\*

ZIP

Supervisor's name/title\*

Dates employed (mm/yy)\*

From

To

Rate of pay per\*

Hour

Year

Other

Start pay\*

End pay\*

Reason for leaving

Your duties

May we contact this employer?

Yes

No

## EMPLOYMENT HISTORY continued

### 2. NEXT PREVIOUS EMPLOYER

Company name*			Telephone*	
Address*		City*	State*	ZIP
Supervisor's name/title*		Dates employed (mm/yy)*		
		From	To	
Rate of pay per*			Start pay*	End pay*
Hour	Year	Other		
Reason for leaving				
Your duties				
May we contact this employer?				
Yes		No		

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### 3. NEXT PREVIOUS EMPLOYER

Company name*			Telephone*	
Address*		City*	State*	ZIP
Supervisor's name/title*		Dates employed (mm/yy)*		
		From	To	
Rate of pay per*			Start pay*	End pay*
Hour	Year	Other		
Reason for leaving				
Your duties				
May we contact this employer?				
Yes		No		

## DRIVING HISTORY (for driver position applicants only)

### Drivers license information

State	License no.	Type	Expiration date
1.			
2.			

Endorsements currently on your CDL

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**Accident record for the past 3 years:** I have had \_\_\_\_\_ accident(s). (Detailed below)

Date (mm/dd/year)	Nature of accident (Head-on, rear end, upset, etc.)	Fatalities	Injuries or disabling damage
1.			
2.			
3.			

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**Traffic convictions or forfeitures for the past 3 years (other than parking):** I have had \_\_\_\_\_ violation(s). (Detailed below)

Date (mm/dd/year)	Location	Charge	Penalty
1.			
2.			
3.			

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Class of equipment	Vehicle type (Van, tank,flat, etc.)	Dates (from - to)	Approx. total mileage
Straight truck			
Tractor/Semi-trailer			
Tractor/Two- trailers			
Other			

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Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes      No

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Has any license, permit or privilege tever been suspended or revoked? Yes      No

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Have you ever been disqualified under the Federal Motor Carrier Safety Regulations for any violations? Yes      No

If yes, explain:

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Have you ever been disqualified under the Federal Motor Carrier Safety Regulations for operating under the influence of alcohol or drugs? Yes      No

If yes, explain:

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Are you currently operating a CMV under Medical Waiver from the Federal Motor Carrier Safety Administration? Yes      No

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Have you ever tested positive on any pre-employment substance abuse screen? Yes      No

## EMPLOYMENT DISCLOSURE

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age or disability. No Information on this application will be used for the purpose of discrimination.

Submitting this application certifies that my answers to the forgoing questions are true and correct and that I understand that intentionally falsifying information will result in refusal of employment or termination of employment if discovered after the date of hire.

I voluntarily grant this company the right to investigate and verify the information and statements I have provided in this application and agree to hold all persons harmless with respect to any information they may give, receive or verify.

I hereby acknowledge and agree that any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further agreed that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically agreed and acknowledged in writing by an authorized executive of this organization.

I hereby certify that I have read and understand the foregoing.

Signed

Date

**CLICK TO SUBMIT APPLICATION ►**

The latest version of Acrobat Reader is recommended for completing the application. If you cannot submit your application using the button on the form, please send it - and any questions - to [applicationalb@pamudo.com](mailto:applicationalb@pamudo.com).