

ARIZONA | SHOWER DOOR

Arizona Shower Doors, Inc.
729 W 1700 S
Salt Lake City, UT 84104
Phone: 801.972.5007
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PRE-EMPLOYMENT QUESTIONNAIRE

DATE: _____

PERSONAL INFORMATION

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Street) (Apt #) (City) (State) (Zip Code)

Phone number: _____ Referred by: _____

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary/Wage desired: _____

Are you employed now? YES NO If so, may we contact your present employer? YES NO

Have you ever applied at this Company before? YES NO Where: _____ When: _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	YEARS COMPLETED	DID YOU GRADUATE	DEGREES RECEIVED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

Equipment, machinery, or computer software programs you are proficient in: _____

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Name: _____ **UT Branch** **APPLICATION FOR EMPLOYMENT – Page 2**

Where you in the U.S. Armed Forces? YES NO If yes, what branch? _____

Date of duty: From: _____ To: _____ Rank at discharge: _____

Have you been convicted of a felony in the last five years: YES NO If yes, explain (will not necessarily exclude you from consideration): _____

What languages do you speak: _____

PREVIOUS EMPLOYERS

DATE	NAME, ADDRESS & PHONE # OF PAST EMPLOYERS	SALARY WAGES	POSITION	REASON FOR LEAVING

Reference: Give the names of two people whom you worked with or for in the last two years

Name	Address	Years Acquainted	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency, notify _____
Name
Address
Phone number

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 reference and employees 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 forgoing, unless it is in writing and signed by an authorized company representative. All offers of employment by ASD are contingent on providing satisfactory and accurate evidence of identity and legal authority to work in the United States. I also understand that ASD does random drug testing and may require a clean drug test as a condition of employment.

Date
Signature

DO NOT WRITE BELOW THIS LINE

Interviewed and/or hired by: _____ Date: _____

Remarks: _____

Start Date _____ **Department** _____ **Salary-Wages** _____