

LESSLIE WELDING & FABRICATION, INC.

2975 LESSLIE HIGHWAY ROCK HILL, SC 29730
PHONE: 803-981-4594 FAX: 803-980-0199

PRE-EMPLOYMENT QUESTIONNAIRE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT TO COMPLETE
(BE SURE TO ANSWER ALL QUESTIONS - PLEASE PRINT)

| | | | | |
|-------------------------------|----------|-------------------|-----------------|---------|
| NAME: | <hr/> | | | |
| | (FIRST) | (MIDDLE) | (LAST) | |
| CURRENT ADDRESS: | <hr/> | | | |
| | (STREET) | (CITY) | (STATE AND ZIP) | (YEARS) |
| DATE OF BIRTH: | <hr/> | SOCIAL SECURITY # | <hr/> | |
| TELEPHONE: | <hr/> | CELL PHONE: | <hr/> | |
| IN CASE OF EMERGENCY CONTACT: | <hr/> | | PHONE | <hr/> |

| | | | | |
|---|----------|--------|-----------------|---------|
| ADDRESS FOR THE PAST THREE YEARS IF NOT SAME AS ABOVE | <hr/> | | | |
| | (STREET) | (CITY) | (STATE AND ZIP) | (YEARS) |
| | <hr/> | | | |
| | (STREET) | (CITY) | (STATE AND ZIP) | (YEARS) |
| | <hr/> | | | |
| | (STREET) | (CITY) | (STATE AND ZIP) | (YEARS) |

| | |
|---|-------|
| DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES? | <hr/> |
|---|-------|

| | |
|--|-------|
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? | <hr/> |
| IF YES, PLEASE EXPLAIN FULLY ON A SEPARATE SHEET OF PAPER. CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT - ALL CIRCUMSTANCES WILL BE CONSIDERED. | |

EMPLOYMENT HISTORY

EMPLOYER

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON: _____ PHONE# _____

DATE FROM: _____ TO: _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

EMPLOYER

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON: _____ PHONE# _____

DATE FROM: _____ TO: _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

EMPLOYER

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON: _____ PHONE# _____

DATE FROM: _____ TO: _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

EMPLOYMENT HISTORY

EMPLOYER

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON: _____ PHONE# _____

DATE FROM: _____ TO: _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

EMPLOYER

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON: _____ PHONE# _____

DATE FROM: _____ TO: _____
(MONTH, DAY, YEAR) (MONTH, DAY, YEAR)

POSITION HELD: _____ SALARY: _____

REASON FOR LEAVING: _____

PERSONAL REFERENCES

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

NAME

ADDRESS

PHONE

EDUCATION

| SCHOOL LEVEL | NAME AND LOCATION OF SCHOOL | NO. OF YEARS | GRADUATE |
|---|-----------------------------|--------------|----------|
| GRAMMAR SCHOOL | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | |

GENERAL

| |
|--|
| <u>SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK</u> |
| <u>SPECIAL TRAINING</u> |
| <u>SPECIAL SKILLS</u> |

Signature

Date