



**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

**APPLICATION FOR EMPLOYMENT**

Name:

\_\_\_\_\_

(First)                      (Middle)                      (Last)                      (Maiden)

Address \_\_\_\_\_ **How Long?** \_\_\_\_\_

(Street)                      (City)                      (State & Zip Code)

Birth Date(mm/dd/yy) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Phone No. \_\_\_\_\_

How did you hear about this position?

\_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Date can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Have you previously applied at this Company before? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES     NO

Have you or any of your relatives worked for Ernst & Young, LLP?

\_\_\_\_\_

**EDUCATION**

**High School, University, College, Technical or Trade**

Educational institution	Program	Degree/Diploma/Certificate	Completed	Year
High School			Yes No	
College/University			Yes No	
Technical			Yes No	
Trade			Yes No	
Trade			Yes No	

**Accident Record for past 3 years or more (attach sheet if more space is needed) IF NONE, Write none.**

	Dates	Nature of Accident (Head on, Rear End, Upset, etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident					
Next Previous					
Next Previous					
Next Previous					

**List all drive licenses or permits held in the past three years.**

Driver License	State	License No.	Type	Exp. Date

**Traffic convictions and forfeitures for the past 3 years (other than parking violations) If none, write none.**

	Dates	Nature of Accident (Head on, Rear End, Upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST/CURRENT ONE FIRST)**

**LAST/CURRENT EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS, CITY, STATE AND ZIP CODE \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_  
 CONTACT NAME (SUPERVISOR) \_\_\_\_\_ PHONE # \_\_\_\_\_  
 MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

**SECOND EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_  
 CONTACT NAME (SUPERVISOR) \_\_\_\_\_ PHONE # \_\_\_\_\_  
 MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

**THIRD EMPLOYER:**

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
 REASONS FOR LEAVING \_\_\_\_\_  
 CONTACT NAME (SUPERVISOR) \_\_\_\_\_ PHONE # \_\_\_\_\_  
 MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

**FOURTH EMPLOYER:**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_  
REASONS FOR LEAVING \_\_\_\_\_  
CONTACT NAME (SUPERVISOR) \_\_\_\_\_ PHONE # \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_

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***TO BE READ AND SIGNED BY APPLICANT***

**This certifies that I completed the application, and that all entries on it and information in it are true and complete to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Signature

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**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **Stinger Wellhead Protection, Inc.** to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am acquainted or who have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **Stinger Wellhead Protection, Inc.** from liability that might otherwise result from the request for use and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer-reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Stinger Wellhead Protection, Inc.** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

Full Name \_\_\_\_\_  
(Please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INSURANCE INFORMATION EXCHANGE DISCLAIMER:** This form is not meant to provide legal advice of any kind. Legal advice should be given only by your attorney. We make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained herein and no claim that this form is appropriate for your particular needs.