SOUTHPOINTE
C O N S T R U C T I O N

YOUR SAFETY IS OUR BUSINESS

Southpointe Construction Services LLC | 1797 Eben Street, Pittsburgh, PA 15226
Phone (412) 765-9201 Fax (412) 561-0421

AN EQUAL OPPORTUNITY EMPLOYER

PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATION

DATE:_____

NAME (First, Middle, Last): _____

SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS

STREET: _____

ZIP: _____

CITY: _____

STATE: _____

PRIMARY PHONE: _____

E-MAIL ADDRESS: _____

ADDITIONAL INFORMATION

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. **

Yes O
No O

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Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? **

Yes O

No O

If Yes, please explain: _____

_____

_____

**These questions must be answered in order to be considered for employment

<u>**EDUCATION**</u>

Name and location of school	Number of years	Type of school	Did you graduate	Subjects studied
		High School/GED O College O Trade O	Yes O No O	
		High School/GED O College O Trade O	Yes O No O	
		High School/GED O College O Trade O	Yes O No O	

Are you computer literate?	Yes O No O
Experience Level	Beginner O Intermediate O Expert O

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DRIVING RECORD

DO YOU HAVE A VALID DRIVERS LICENSE?   YES ◯   NO ◯   DRIVER'S LICENSE NUMBER: _____

HAVE YOU EVER BEEN CONVICTED OF DUI? YES ◯   NO ◯   IF YES, WHEN? _____

DO YOU HAVE A CDL?   CLASS A ◯   CLASS B ◯   ENDORSEMENTS?_____

ARE THERE ANY RESTRICTIONS ON YOUR LICENSE?   YES ◯   NO ◯

US MILITARY

YEARS OF SERVICE: _____

BRANCH:_____

RESPONSIBILITIES: _____

_____

HONORABLE DISCHARGE? YES ◯   NO ◯

If no please

explain: _____

_____

_____

_____

FORMER EMPLOYERS

Date (Month/Year)	Name and Address of Employer	Phone Number	Position	Salary	Reason for leaving
To: From:					
To: From:					
To: From:					

May we contact the above employers?   YES O   NO O

REFERENCES

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

Name	Address	Business	Phone	Years acquainted

MEDICAL INFORMATION

I _____ state that I am not on any prescribed or non-prescribed medication with or without my physician's knowledge.

_____   _____

Employee Signature   Date

_____   _____

Admission Signature   Date

I _____ state that I am on the following prescribed or non prescribed medication(s) either with or without my physician's knowledge.

Medication	Prescribed by (name of authorized professional)	Length of time needed	Reason for taking	Prescription dates

_____   _____

Employee Signature   Date

_____   _____

Admission Signature   Date

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Please list any known medical conditions and treatments necessary: _____

_____

_____

EMERGENCY CONTACT INFORMATION *(Please list 2 contacts)*

Name: _____

Phone: _____

Alternate Phone: _____:

Name: _____

Phone: _____

Alternate Phone: _____:

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AUTHORIZATION FORM

I GIVE PERMISSION TO Southpointe Construction Services (and their agents) to run any and all pre-employment drug screens, random drug screens, background checks, including but not limited to Criminal, Credit, Employment and Motor Vehicle Reports.

Name:_____

Address:_____

Social Security Number: _____Date of Birth: _____

Driver's License Number: _____

_____   _____

Applicant Signature   Date

IN CASE OF EMERGENCY NOTIFY

_____

Name   Address   Phone Number

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WIHTOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WIHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, MY SIGNATURE BELOW GRANTS PERMISSION FOR A BACKGROUND CHECK AND CREDIT CHECK TO BE COMPLETED

_____   _____

Applicant Signature   Date