



# Engineered Materials Solutions, LLC.

39 Perry Avenue  
Attleboro, MA 02703

## Pre-Employment Questionnaire An Equal Opportunity Employer

Position: \_\_\_\_\_ How were you referred to EMS? \_\_\_\_\_

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Are you at least 18 years of age?  yes  no If no, date of birth \_\_\_\_\_

E-mail Address \_\_\_\_\_ Are you authorized to accept a permanent position in the U.S.?  yes  no

Are you currently employed?  yes  no

Have you ever applied to Engineered Materials Solutions, Inc.? If yes, when? \_\_\_\_\_

Have you ever been employed by the Engineered Materials Solutions, Inc.?  yes  no If yes, give dates, position and reason for leaving: \_\_\_\_\_

**What is your Shift Preference:** Days 6AM-6:12PM Nights 6PM-6:12AM M-F 1<sup>st</sup> M-F 2<sup>nd</sup> M-F 3<sup>rd</sup>

**Most of our openings are on nights. Are you willing to work nights?** Yes No

### EDUCATION (supply names and addresses of schools attended)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

	Dates attended	Did you graduate? (yes/no)	Degree or License Received	Major/Minor or Specialization
High School				
College				
Post Graduate				
Trade, Business or Correspondence School				

Member of the following professional organizations \_\_\_\_\_

**Describe any skills or experiences, which may assist you in performing the job for which you are applying** \_\_\_\_\_

Computer Experience (please specify types of machines and software): \_\_\_\_\_

Have you used another name while employed (Other than name used on the application)?  yes  no If yes, please indicate: \_\_\_\_\_

**EMPLOYMENT HISTORY**

*If you are currently employed, may we contact your present employer?*  yes  no

List your present or most recent employer first; please include experience gained through volunteer work.

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation
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Employer Name and Address	Phone Number
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Supervisor Name
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Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation
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Employer Name and Address	Phone Number
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Supervisor Name
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Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation
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Employer Name and Address	Phone Number
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Supervisor Name
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Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

I certify that the facts 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 references and employers 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 foregoing, unless it is in writing and signed by an authorized company representative.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date