



Engineered Materials Solutions, LLC.

39 Perry Avenue
Attleboro, MA 02703

www.emsclad.com

Pre-Employment Questionnaire An Equal Opportunity Employer

Position Applied For: _____

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, LLC? If yes, when? _____

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

What is your Shift Preference: M-F 1st M-F 2nd M-F 3rd Alternating Work Schedule: Days 6am-6:06pm Nights 6pm-6:06am

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+

	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 all other names: _____

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	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

Reason for Leaving:

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

Description of Duties:

Reason for Leaving:

From (Mo-Yr)	To (Mo-Yr)	Job Title or Occupation	Salary: Start	End
Employer Name and Address			Phone Number	
			Supervisor Name	

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