



A.J. Danboise Son, Inc.

Pre-Employment Application

AJ Danboise Son is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

PERSONAL:

DATE: _____

Name: _____ Phone: _____
Last First Middle Inc. area code

Present Address: _____
No. Street City State Zip

Social Security No.: _____ Are you over 18? Yes ___ No ___

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes ___ No ___

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes ___ No ___

If yes, state the offense, location, date and disposition: _____

EMPLOYMENT DESIRED:

Are you seeking: Full Time: ___ Part Time: ___ Temporary or Summer employment: ___

Position applying for: _____ Salary desired: _____

Are you planning to pursue further studies? Yes _____ No _____ *If yes, when and what courses?*

List any scholastic honors, offices held and activities involved in during high school or college:

List and describe any other School or Specialized Training:

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR:**

| Name of Employer Address City, State, Zip | Name and Title of Last Supervisor | Date Employed | | Pay |
|---|--------------------------------------|---------------------------------|-------------------------------|--|
| | | From: Mo. _____ Yr. _____ | To: Mo. _____ Yr. _____ | Starting \$ _____ Ending \$ _____ |
| Telephone | Nature of Business | | | |
| Title | Reason for Leaving | | | |
| Duties | | | | |

| Name of Employer Address City, State, Zip | Name and Title of Last Supervisor | Date Employed | | Pay |
|---|--------------------------------------|---------------------------------|-------------------------------|--|
| | | From: Mo. _____ Yr. _____ | To: Mo. _____ Yr. _____ | Starting \$ _____ Ending \$ _____ |
| Telephone | Nature of Business | | | |
| Title | Reason for Leaving | | | |
| Duties | | | | |

| Name of Employer Address City, State, Zip | Name and Title of Last Supervisor | Date Employed | | Pay |
|---|--------------------------------------|---------------------------------|-------------------------------|--|
| | | From: Mo. _____ Yr. _____ | To: Mo. _____ Yr. _____ | Starting \$ _____ Ending \$ _____ |
| Telephone | Nature of Business | | | |
| Title | Reason for Leaving | | | |
| Duties | | | | |

Have you ever applied with us before? Yes No Date available to start _____

Have you ever worked here before? Yes No If you ever applied or worked for us, state when and where you applied and/or worked. _____

How did you learn of our company and/or position? _____

Are you now or do you expect to be involved in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

HEALTH:

Do you have any physical defect or illness that may limit your ability to perform the particular job for which you are applying? Yes No If yes, please describe _____

Date of last exam _____ Results _____

Have you ever been injured on the job? Yes No If yes please describe:

| Nature of Injury | Employer when injured | Year | Cause of Injury |
|------------------|-----------------------|------|-----------------|
| | | | |

Have you ever used any illegal drugs, including marijuana, in the last twelve months? Yes No

Have you ever received treatment for an alcohol or drug use? Yes No

Are you willing to take a physical exam and a urinary drug screen at our expense? Yes No

Days lost in the last two years due to illness _____ Reason _____

EDUCATION:

| Name, Address, & Location | Date | Graduate | Courses Studied |
|---------------------------|--------------|----------|-----------------|
| High School | From: To: | Yes No | Diploma: |
| College | From: To: | Yes No | Diploma: |
| Trade School | From: To: | Yes No | Diploma: |

If you worked in any of your previous positions under another name, please give that name:

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

| |
|------------------|
| MILITARY: |
|------------------|

Have you ever served in the military? Yes No Service Branch _____

Date Entered _____ Date Separated _____ Final Rank _____

Were you separated from service with any degree of disability? If so, what degree _____

Are you a member of a reserve organization? Yes No

| |
|------------------------|
| SPECIAL SKILLS: |
|------------------------|

Do you type? Yes No Words Per Minute _____

Do you take Shorthand? Yes No Words Per Minute _____

Have you had any computer or word processing experience training? Yes No

If yes, please describe the extent: _____

What languages do you speak fluently? _____

Use space below to describe why you are interested in working for us and to list those skills and abilities which you feel particularly qualify you for a position with us. Please attach a resume if you have one available.

| |
|--------------------|
| REFERENCES: |
|--------------------|

| Name | Address | Phone | Occupation |
|------|---------|-------|------------|
| | | | |
| | | | |
| | | | |

AFFIDAVIT

I certify the answers given by me to the foregoing questions and statements are true and correct without any consequential omissions of any kind what so ever. I understand that any misleading or incorrect statements may render this application void and, if employed would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statement, answers or omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly value all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of AJD without the express written consent of the President. I understand my employment is at will, I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature _____ **Date** _____



31015 Grand River Avenue
Farmington Hills, Michigan 48336
Telephone (248) 471-2230 Fax (248)477-7579

Date: _____

Name: _____
Please Print First & Last Name

**I authorize A.J. Danboise Son, Inc. to obtain my driving
Record through L & G Insurance.**

Signature:

In connection with my application for employment with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I further understand that a copy of this may have to be provided to any of our customers, in order to obtain a security pass for me, or for any other reason.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby consent to your obtaining the above information from the sources you deem necessary and agree that such information and my employment history with you, if I am hired will be accessible through you by future companies to which I might apply.

Name (Sign): _____ S/S # _____

Current Address: _____

THANK YOU.

Your help in providing this information is sincerely appreciated.



COMPANY USE ONLY:

Interviewed By: _____ Date: _____ Drivers License# _____

Interviewers Remarks: _____

APPLICANT _____ S.S # _____

FORMER EMPLOYER _____ FORMER EMPLOYEE: _____

Company Name: _____ Employed From: _____

Supervisor: _____ To: _____

Address: _____ Position: _____

City/State/Zip: _____

Telephone: _____

Danboise Basic Skills Exam

Please answer the following mathematical equations:

1. $5 \times 0 =$ _____
2. $9 \times 8 =$ _____
3. 65×6 _____
4. $8 \times 2 =$ _____
5. $396639 \div 3 =$ _____
6. $49.50 + 67.48 =$ _____
7. $100 \div 25 =$ _____
8. $\frac{1}{2} + 1 \frac{1}{2} =$ _____
9. $1386.59 - 745.68 =$ _____
10. If there were 100 apples in a basket and 7 were rotten, what percentage of apples would be able to be eaten? _____
11. If you billed a customer 583.50 and they gave you a check for 50% as a down payment, how much would the check be? _____
12. What is the average of the following numbers: 87, 33, 48, 92 _____
13. $350.00 - 10\% =$ _____

Please read the following paragraph and circle the misspelled words.

Don't be embarassed if you find yourself driving somewhere and not remembering the journey. It is an aceptable behaviour and most people are guilty of unconschus driving. It is a good habit to occasionaly take an alternat route to the office so that your brain has to think about what you are doing. Though it is a humorus experiance, it is dangerous and your judgment is impaired when you are in this state. It pays to be safe, so mix it up when driving to work each day.