

# Pre-Employment Information Worksheet



ENGINEERED  
RESTORATIONS, INC.

Engineered Restorations, Inc.  
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Lawrenceville, GA  
30046  
Phone: 770-682-0650  
Fax: 770-682-0403  
www.er-inc.net

Date:

Name:

Nick Name(s):

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

Position(s) Applied for:

Full-Time  Part-Time  Full or Part-Time

When available to begin work?

Have you ever worked for Engineered Restorations?  yes  no

If yes, when?

Have you previously filled out an employment application for Engineered Restorations?  yes  no

If yes, when?

Have you ever been convicted of a felony in the last 5 years?  yes  no

If yes, please explain.

Do you know anybody who works/worked for Engineered Restorations?  yes  no

If yes, who?

Can you work out of town (not home at night) for an extended period?  yes  no

Will you consent to a pre-employment background check?  yes  no

Will you consent to a pre-employment drug test?  yes  no

Do you have a drivers license?  yes  no

State of issue:

Do you own transportation?  yes  no

If yes, model and year:

Have you had any accidents in the past 3 years?  yes  no

How many?

Do you had any moving violations in the past 3 years?  yes  no

How many?

Continue on the next page

# Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Rate of Pay:

From:

To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Rate of Pay:

From:

To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

### 3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Rate of Pay:

From:

To:

Complete Address:

Phone #:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

Other Skills and Equipment you can operate:

### Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Our insurance company requires anybody operating certain types of equipment to be 21 years of age or older.

Signed:

Date: