

Questionnaire

NAME _____
First Middle Last

ADDRESS _____
Street City State Zip

BEST NUMBER TO REACH YOU _____ 2ND PHONE # _____

DRIVERS LICENCE NUMBER _____ STATE _____

IDENIFICATION CARD NUMBER _____ STATE _____

TYPE OF TRANSPORTATION _____ LAST FOUR OF SOCIAL SECURITY NUMBER _____

Have you worked for Work Force before? No Yes If so; When: _____

Skills: Please write **NUMBER OF YEARS EXPERIENCE** to all that apply: **NO CHECKS OR X'S PLEASE**

<input type="checkbox"/>	Asphalt	<input type="checkbox"/>	Heavy Equipment Operator	<input type="checkbox"/>	Pipe Fitter
<input type="checkbox"/>	Carpenter/Helper/Tools	<input type="checkbox"/>	Hole Watch	<input type="checkbox"/>	Rig Welder
<input type="checkbox"/>	Construction	<input type="checkbox"/>	Hydro blaster	<input type="checkbox"/>	Roustabout
<input type="checkbox"/>	Crane Operator	<input type="checkbox"/>	Janitorial/Custodian	<input type="checkbox"/>	Shipping/ Receiving/ Inventory
<input type="checkbox"/>	Craftsman	<input type="checkbox"/>	Rig Hand	<input type="checkbox"/>	Shop Hand
<input type="checkbox"/>	Driver-Valid Drivers License	<input type="checkbox"/>	General Labor	<input type="checkbox"/>	Shut Downs
<input type="checkbox"/>	Flagman	<input type="checkbox"/>	Machine Operator	<input type="checkbox"/>	Swamper
<input type="checkbox"/>	Oil Fields	<input type="checkbox"/>	Millwright	<input type="checkbox"/>	Tank Cleaning
<input type="checkbox"/>	Fork Lift	<input type="checkbox"/>	Mechanic	<input type="checkbox"/>	Warehouse
<input type="checkbox"/>	Foreman/Pusher	<input type="checkbox"/>	Welder	<input type="checkbox"/>	Welder's Helper

Clerical skills: check all that apply

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> MS WORD | <input type="checkbox"/> MS EXCEL | <input type="checkbox"/> MS POWERPOINT | <input type="checkbox"/> MS ACCESS |
| <input type="checkbox"/> MS OUTLOOK | <input type="checkbox"/> MS PUBLISHER | <input type="checkbox"/> TYPING WPM _____ | <input type="checkbox"/> MULTI-LINE PHONES |
| <input type="checkbox"/> DISPATCH | <input type="checkbox"/> PAYROLL | <input type="checkbox"/> BOOKKEEPING | <input type="checkbox"/> ACCOUNTS RECEIVABLE |
| <input type="checkbox"/> BILINGUAL | <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> HUMAN RESOURCES | <input type="checkbox"/> COMPUTER BASICS |
| <input type="checkbox"/> TRANSCRIBER | <input type="checkbox"/> GENERAL OFFICE | <input type="checkbox"/> RECRUITER | <input type="checkbox"/> RECEPTIONIST |
| <input type="checkbox"/> CUSTOMER SERVICE | <input type="checkbox"/> QUICKBOOKS | <input type="checkbox"/> SALES | <input type="checkbox"/> FILE |
| <input type="checkbox"/> ADMINISTRATIVE ASSISTANT | | | |

Please write the expiration date of the safety certificates you currently have:

Passport exp: _____ BEST exp: _____ CSET: exp _____ Forklift date: _____

CS Tier II/Rescue exp: _____ MSHA exp: _____ Medic 1st Aid exp: _____

HAZWOP exp: _____ Crane exp: _____ Chevron exp: _____ Other _____

Please write the expiration date and endorsements if applies:

Class A License ____/end____ **Class B License** ____/end____ **Class C License** ____

This Questionnaire is for information purposes only to determine the employment skills you may have. Work Force Staffing is an Equal Opportunity Employer. Work Force Staffing is an Employment at Will employer.

Official use only: Initial of WFS Employee: _____ date: _____

APPROVED

DNU

REQUESTED BY

Employment History

Starting from you most recent

Month & Year Start to Finish	Company Name Company Address	Supervisor Title / Phone	Salary	Title/Duties	Reason for Leaving
1.					
2.					
3.					
4.					

Please list reasons for any and all gaps in your employment history: _____

Education (Circle highest level achieved): High School GED Some College Associates Bachelor's
 Masters

Are you currently enrolled in school? NO YES

High School Attended: _____ College Attended: _____

Business/Trade Schools Attended and courses learned:
