APPLICATION FOR **E**MPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

CITY

CITY

PERSONAL INFORMATION

NAME (LAST NAME FIRST)

PRESENT ADDRESS

PERMANENT ADDRESS

TEAM Services

AFP001

Initiation Date: 1-19-06 Revision No.: 3 Date Revised: 12-30-15

Page 1 of 3

ZIP CODE

ZIP CODE

SOCIAL SECURITY NO.

STATE

STATE

Authorization

PHONE NO.		CELL NO.		EMAI	L		
()		()				
EMPLOYMENT DESIR	ED						
POSITION	DATE YOU CAN	ATE YOU CAN START			RY DESIRED		
ARE YOU Y N		ı	IF SO, MAY WE IN	IOLIIDE OE VOLID	ΥN		
EMPLOYED?			PRESENT EMPLO		Y IN		
EVER APPLIED TO THIS					NT EMPLOYER?		
COMPANY BEFORE?						WILLY.	
EDUCATION HISTORY	1						
NAME S LO	CATION OF	scuooi		YEARS	DID	YOU	CLIBIECTS STUDIED
NAME & LOCATION OF SCHOOL			A	ATTENDED		DUATE?	SUBJECTS STUDIED
GRAMMER SCHO	OL						
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS							
CORRESPONDENCE							
SCHOOL							
GENERAL INFORMAT	ION						
SUBJECTS OF SPECIAL ST	-						
WORK OR SPECIAL TRAIF	NING/SKILLS	5					
U.S. MILITARY OR				RANK			
NAVAL SERVICE				KANK			
TWANTE SERVICE							
FORMER EMPLOYERS	אורד חרו כ	NAZI AST FOLID F	MADLOVEDS STADT	INIC MUTILLACT ON	IL LIDET)		
DATE	CLIST BELC	JW LAST FOUR E	WIPLUTERS, START	ING WITH LAST OF	NE FIRST)		
MONTH AND YEAR	N.A	AME & ADDRESS	OF EMPLOYER	SALARY	POSITIO	N	REASON FOR LEAVING
FROM							
TO							
FROM							
TO							
FROM							
TO				_			
FROM TO							
							CONTINUED ON OTHER SIDE
		APPL	ICATION F	OR EMPL	OYMENT		

APPLICATION FOR **E**MPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

TEAM Services

AFP001

Initiation Date: 1-19-06 Revision No. : 3 Date Revised : 12-30-15

Page 2 of 3

Authorization

Authorization						
Are you able to pe accommodation Yes No		ssential job fun	ctions of the po	osition you are	e applying with o	r without reasonable
Do you have any l ☐ Yes ☐ No	imitations o	or restrictions th	nat would prev	ent you from	performing the d	uties of this position?
that, if employed authorize investige any and all information. I also understand a employment for writing and sign.	d, falsified s gation of all mation con release the and agree the any specifi ed by an au ot permit th	tatements on the statements concerning my previous mat no represented period of time thorized compane release or use	nis application solutained herein a vious employment il liability for an article of the content of the content of the and the representation of disability-reservant in the solutant of the content of th	thall be ground and the referer ent and any pe my damage tha mpany has any my agreement ve. elated or medi	ds for dismissal. Inces and employeentinent information It may result from If authority to entinent contrary to the forces If a cal information in	knowledge and understand ars listed above to give you on they may have, personal of utilization of such are into any agreement for oregoing, unless it is in a manner prohibited by the
DATE		SIGNATUR	E			
INTERVIEWED BY_					DATE	
		DO	NOT WRITE I	BELOW THIS	S LINE	
Remarks						
NEATNESS				CHARACTER		
PERSONALITY				ABILITY		
HIRED	FOR DEPT:	POSI	TION		WILL REPORT	SALARY WAGES
APPROVED: 1.			2.		3.	
	EMPLO	YMENT MANAGER		DEPARTMENT		GENERAL MANAGER

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

TEAM Services

AFP001

Initiation Date: 1-19-06 Revision No. : 3 Date Revised : 12-30-15

Page 3 of 3

Authorization

MVR Release Form

TEAM Services

Motor Vehicle Reports may be obtained as part of TEAM Services' evaluation of my job application/employment. This report may be procured by The Dana Company as assessment of insurability under my employer's insurance coverages. By signing this disclosure, I hereby authorize TEAM Services and The Dana Company to procure such report and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Employee Signature:				
Employee Name:				
Address:				
City, State, Zip:				
State of License:				
Drivers License Number:				
Social Security Number:				
Date of Birth:				