



SMI SERVICES

of Delaware
Environmental Site Management

APPLICATION FOR EMPLOYMENT – PRE EMPLOYMENT QUESTIONNAIRE

EQUAL OPPORTUNITY EMPLOYER

DATE: _____ SS NO.: _____ PHONE NO.: _____

NAME: _____
FIRST MIDDLE INITIAL LAST SUFFIX

ADDRESS: _____

POSITION: _____ RATE DESIRED: _____

DATE AVAILABLE TO START: _____ ARE YOU CURRENTLY EMPLOYED: YES NO

CURRENT EMPLOYER: _____ PHONE: _____

EDUCATION:

HIGH SCHOOL DIPLOMA OR GED: YES NO

COLLEGE: 2YEAR 4YEAR OTHER

COURSES OR CERTIFIED TRAINING: _____

DRIVING:

DRIVER LICENSE NO: _____ STATE: _____ CDL: YES NO

CLASS: _____ ENDORSEMENTS: _____

DO YOU HAVE A DOT PHYSICAL CARD: YES _____ EXP. DATE _____ NO _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK: YES NO

HAVE YOU BEEN CONVICTED OF:

MOVING VIOLATION IN THE PAST 5 YEARS: YES NO

DUI OR DWI IN THE PAST 5 YEARS: YES NO

ACCIDENT IN THE PAST 5 YEARS: YES NO

IF YES TO ABOVE, PLEASE LIST YEAR AND DESCRIBE: _____

P.O. Box 379, Selbyville, Delaware 19975

P 302.436.4410 F 302.436.4420

www.smicompanies.net



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EMPLOYMENT: PLEASE LIST MOST RECENT FIRST

COMPANY: _____ POSITION: _____
DATE EMPLOYED: FROM _____ TO _____ RATE OF PAY: _____
PHONE: _____ SUPERVISOR: _____
JOB DUTIES: _____

COMPANY: _____ POSITION: _____
DATE EMPLOYED: FROM _____ TO _____ RATE OF PAY: _____
PHONE: _____ SUPERVISOR: _____
JOB DUTIES: _____

COMPANY: _____ POSITION: _____
DATE EMPLOYED: FROM _____ TO _____ RATE OF PAY: _____
PHONE: _____ SUPERVISOR: _____
JOB DUTIES: _____

EQUIPMENT EXPERIENCE:

CAN YOU OPERATE HAND & POWER TOOLS SAFELY: YES NO YRS EXP: _____

CAN YOU OPERATE ANY OF THE FOLLOWING:

BACK HOE: _____ YRS EXP: _____ MINI EX: _____ YRS EXP: _____

SKID STEER _____ WITH WHAT ATTACHMENTS: _____ YRS EXP: _____

WALK BHND TRENCHER: _____ YRS EXP: _____ STRAW BLOWER: _____ YRS EXP: _____

HYDROSEEDER: _____ YRS EXP: _____ PUMP & GENERATOR: _____ YRS EXP: _____

CAN YOU DRIVE A TRUCK WITH A TRAILER ATTACHED: _____

CAN YOU BACK UP A TRAILER: _____ CAN YOU LOAD/UNLOAD EQ ON TRAILER: _____

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AUTHORIZATION:

"I CERTIFY THAT THE FACTS CONTAINED 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. THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

I UNDERSTAND THAT A CONSUMER CREDIT REPORT OR CRIMINAL RECORDS CHECK MAY BE NECESSARY PRIOR TO MY EMPLOYMENT. IF SUCH REPORTS ARE REQUIRED, I UNDERSTAND THAT, IN COMPLIANCE WITH FEDERAL LAW, THE COMPANY WILL PROVIDE ME WITH A WRITTEN NOTICE REGARDING THE USE OF THESE REPORTS AND WILL ALSO OBTAIN A SEPARATE WRITTEN AUTHORIZATION FROM ME TO CONSENT TO THESE REPORTS. I ALSO UNDERSTAND THAT A POOR CREDIT HISTORY OR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION FROM EMPLOYMENT."

IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION FORM UPON HIRE. PLEASE UNDERSTAND THAT YOU MAY ALSO BE REQUIRED FOR A PRE EMPLOYMENT DRUG SCREEN AS WELL AS REQUIRED DRUG SCREENING PER GOVERNMENT CONTRACTS.

APPLICANT SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

DRIVERS LICENSE: _____ INS COMPANY RECORD CHECK: _____

EQUIPMENT EXPERIENCE: _____ OF 8 OVER ALL YRS EXP: _____

NEATNESS: _____ PERSONALITY: _____

PREVIOUS EMPLOYERS CHECKED: YES NO

COMMENTS FROM PREVIOUS EMPLOYERS: _____

SMI COMMENTS: _____

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