



PO Box 246  
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# APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire  
 Equal Opportunity Employer

Date: /      /
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## Personal Information

Name (Last Name First)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number (        )	Referred By		
Email Address			

## Employment Desired

Position	Date you can start	Salary Desired
Are you employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, may we inquire of your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ever applied to this company before? Yes <input type="checkbox"/> No <input type="checkbox"/>	When?	

## Education

Name and Location of School	Years Attended	Did you graduate?	Subjects Studied
High School			
College			
Trade School			

## General

Please describe your skills & knowledge

(continued on back of page)

**Former Employers** (List below last three employers, starting with last one first)

Date (Month & Year)	Name & address of employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

**References** (Give below the names of three persons not related to you, whom you have known at least one year)

Name	Address	Business	Years Known
1			
2			
3			

**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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**Notice to Applicants/Employees**

D&G Contractors, Inc. requires successful completion of a urinalysis drug test as part of its DOT and NON-DOT pre employment screening process. Additionally, D&G Contractors, Inc. requires successful completion of a urinalysis drug test if D&G Contractors, Inc. has reasonable suspicion that the employee is under the influence of drugs and or alcohol which adversely affects or could adversely affect the employee's job performance. D&G Contractors, Inc. also requires employees in occupations that have been designated as safety-sensitive by the Federal Regulations to undergo random urinalysis drug testing at the rate of 50% of the total covered employees. Drug tests are conducted for D&G Contractors, Inc. by an outside, professional laboratory. Further details will be provided to applicants who successfully meet D&G Contractors, Inc. other criteria for employment.

Because we are required to notify applicants of our intent to conduct urinalysis drug testing, we ask that you sign and date this notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_