



Date of Questionnaire: _____

Mgr. Approval:

INFORMATION QUESTIONNAIRE

Name: _____ Soc. Sec #: _____
Address: _____ City: _____ Zip: _____
Home Phone: (_____) _____ Cell / Pager: (_____) _____
Email Address: _____
Have you ever worked / applied with INFINITI? _____ If Yes, When? _____
What two forms of ID did you bring in today? _____

What Position are you qualified for: _____ Hours / Shifts: _____
Minimum Starting Pay Rate: _____ How long have you been looking for work? _____
Form of Transportation: _____

MOST RECENT / CURRENT WORK EXPERIENCE: (Please fill out completely)

Company: _____
Title / Position: _____ Dates: _____ Shift: _____
Were you placed here by an Agency? _____ If Yes, Who? _____
Describe a typical day: _____
Equipment / Software Used & How often: _____
Pay: Start \$ _____ Finish \$ _____ Reason for Leaving: _____ Was notice given?

Company: _____
Title / Position: _____ Dates: _____ Shift: _____
Were you placed here by an Agency? Yes / No. If Yes, Who? _____
Describe a typical day: _____
Equipment / Software Used & How often: _____
Pay: Start \$ _____ Finish \$ _____ Reason for Leaving: _____ Was notice given? Y / N

Are you willing to submit to a Pre-Employment Drug Test Today?
Do you authorize INFINITI to perform a Background Check?
Have you ever been convicted of a Felony?
Have you ever been convicted of a Misdemeanor?

- When are you available to start working? _____
- Do you have any upcoming scheduled appointments that would cause you to miss work? _____
- The position you are applying for may require heavy lifting, bending, stooping, walking, kneeling, crawling, dragging, running, pulling, stretching, sitting or standing for long periods of time. Is there any reason you may not be able to do any of the essential functions described herein? _____

Applicant Signature: _____ **Date:** _____

INFINITI Interviewer: _____ **Date:** _____

SEND BY EMAIL