

**Applicant Questionnaire**

Name: \_\_\_\_\_

1. Are you telephone accessible?

 Yes  No

2. Do you have reliable transportation?

 Yes  No

3. Are you legally authorized to work in the United States?

 Yes  No

4. What job(s) are you applying for?

\_\_\_\_\_

5. What areas are you applying for? (i.e.-engineering, testing, assembly, warehouse)

\_\_\_\_\_

6. Target pay rate?

\_\_\_\_\_

7. Are you willing to comply with our Drug and Alcohol Policy?

 Yes  No

8. Will you release background information in accordance with our Policy or that of our Clients?

 Yes  No

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_