

PGP, LLC Strengths Development Program

Pre-Employment Questionnaire

Equal Opportunity Employer

Personal Information

Name (Last name, First name)	SS#
DOB	Driver's License #
Present Address	
Permanent Address (if different than above)	
Phone #	Email

Employment Desired

Position	Desired Start Date	Wage Desired
Are you currently employed?	If so, may we inquire of your present employer?	Are you legally authorized to work in the U.S.?
Previously applied to PGP or PG before? When?		Referred by:

Please comment on why you are interested in joining the PGP team

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Education History

	Name and Location of School	Years Attended	Graduation Date	Subjects of Study
High School				
College				
Graduate School				
Trade/Business/Alternative Education				

Former Employers

Employer Name, Address, Phone #	Start/End Dates	Position	Wage/Salary	Reason for Leaving/Currently Employed

Professional References – Mental/behavioral health experience preferred; list clinical supervisor.

Name	Phone #, Address	Business	How Many Years Known

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<p><u>Commitment</u> Approximately how many hours can you devote to this work a week? (Example: 4hr/wk, 3 days a week, weekends, etc)</p>	<p><u>Willingness to travel</u> Travel distance/towns in catchment area</p>
<p>Any condition that may limit you going into people’s homes or being in the bakery environment? (Example: severe pet allergies, nut allergies, etc)</p>	
<p><u>Specific Skill Information and Interests</u> US Military service, specialized training/skills, certifications, languages spoken, etc: Interests (biking, hiking, baking, crafts, painting, music, etc):</p>	

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.”

Signature, Date

Interviewed by