

# APPLICATION FOR EMPLOYMENT

**TEAM Services**  
 AFP001  
 Initiation Date: 1-19-06  
 Revision No. : 3  
 Date Revised : 12-30-15  
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## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

Authorization \_\_\_\_\_

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. (       )	CELL NO. (       )	EMAIL	

### EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	Y N	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	Y N
EVER APPLIED TO THIS COMPANY BEFORE?	Y N	WHERE?	WHEN?

### EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

### FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				



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## MVR Release Form

TEAM Services

Motor Vehicle Reports may be obtained as part of TEAM Services' evaluation of my job application/employment. This report may be procured by The Dana Company as assessment of insurability under my employer's insurance coverages. By signing this disclosure, I hereby authorize TEAM Services and The Dana Company to procure such report and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Employee Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

State of License: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_