



PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL

Please Print in Ink

Name: _____ Social Security #: _____
(Last) (First) (M.I.)

Present Address: _____
(Number) (Street) (City) (State) (Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

Fax: (____) _____ E-Mail Address: _____

Position Desired: _____ Date you can start: _____

Have you read the Job Description and are you able to perform the physical requirements for the position which you are applying for? YES ☐ NO ☐ If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question).

List any friends or relatives employed by SCI: _____

Are you legally eligible to be employed in the United States? YES ☐ NO ☐ (Proof of identity and eligibility will be required upon employment. Sunshine Communications is an E-Verify participating employer).

Are you at least 18 years of age? YES ☐ NO ☐

Have you ever been discharged from employment? YES ☐ NO ☐

If yes, please explain: _____

U.S. MILITARY SERVICE RECORD

Have you ever served in the United States Armed Forces? _____

If yes, which branch? _____

Dates of Duty _____ to _____
(Month) (Day) (Year) (Month) (Day) (Year)

List experience and special education received in the Service: _____

EDUCATIONAL BACKGROUND

	Name and Location of School	Course of Study	# Years Completed	Diploma Degree
High School				
College				
Other (Specify)				

PRIOR WORK HISTORY (List in order, Last or Present Employer First)

	Dates	Employed	Work Performed
	From	To	
Employer:			
Address:			
Telephone #:			
Job Title & Supervisor Name:			
Reason for Leaving:			
	Dates	Employed	Work Performed
Employer:	From	To	
Address:			
Telephone #:			
Job Title & Supervisor Name:			
Reason for Leaving:			

PERSONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	TELEPHONE #

APPLICATION SUPPLEMENT (if applicable)

Many jobs at SCI require a valid driver's license. In addition, SCI'S minimum driver's license standards include no DUI or DWI convictions within the past 7 years, that your driving record reflects less than 12 points assessed within the past 3 years and that your license has not been revoked or suspended within the past 3 years.

Do you currently possess a valid California driver's license? YES ☐ NO ☐

Driver's license number _____ State Issued: _____ Exp Date: _____

Are you able to provide a copy of your California DMV driving record? YES ☐ NO ☐

VEHICLE INFORMATION (if applicable)

Certain jobs require employees to drive their own vehicle on the job. These jobs require a pick-up or a utility vehicle in good condition and maintenance, with the capability of carrying a 28' ladder. Please provide the following information on related to your personal vehicle:

Vehicle make: _____ Model: _____ Year: _____
License Plate#: _____ Body Condition: Good _____ Fair _____ Poor _____
Mechanical Condition: _____
Ladder Carrying Capability: _____

Insurance: If you are hired and your position requires you to drive your personal vehicle on company business, you are required to carry current auto insurance meeting the minimum company requirements of \$100K bodily injury per person, \$300K bodily injury per accident and \$100K property damage per accident, or a combined single limit of \$400K per accident. **Note: You are obligated to advise your insurance company that you are driving your personal vehicle for work and request that an insurance certificate be sent to Brian Dagenais, General Operations Manager @ 140 Denny Way, El Cajon, CA 92020.**

Auto Policy Information:

Company Name: _____ Policy #: _____
Policy Start Date: _____ Policy Expiration Date: _____
Limits\$: Bodily Injury (Per P) _____ Bodily Injury (Per A) _____ Property damage: _____

Driver Questionnaire (If Applicable)

Name _____
Present Address: _____
What states have you held a valid driver's license in? _____

1. Do you possess a current vehicle operator's license? YES ☐ NO ☐

	Vehicle Operator License	Other License (CDL, Chauffeur, etc)
State	_____	_____
Expiration	_____	_____
License #	_____	_____
Full Name	_____	_____

(As it appears on license)

2. Have you ever had an operator's license revoked or suspended? YES ☐ NO ☐
If yes, please explain. _____

3. List all moving violations and crashes you have had within the last 3 years. (If none, please write "NONE." If you need additional space, write on the reverse side of this form.)

(1) _____
(2) _____
(3) _____
(4) _____

4. Have you ever received a citation for driving while under the influence of alcohol, drugs, or other controlled substances? YES ☐ NO ☐
If yes, explain _____