



**95 Main Avenue  
Clifton, NJ 07014  
973-256-8220**

## **Employment Questionnaire**

## GENERAL INFORMATION

*(Please feel free to provide more information than space provided by attaching additional pages.)*

1. Name: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Current Home Address:  
Street: \_\_\_\_\_  
City / State / Zip Code \_\_\_\_\_
4. E-Mail address: \_\_\_\_\_
5. Home Telephone Number: \_\_\_\_\_
6. In the past ten years:
  - 6a. Have you lived at a prior address?  
 No    Yes
  - 6b. Have you used any other name?  
 No    Yes
  - 6c. Have you used any other Social Security Number?  
 No    Yes

If "Yes" to any part of Question 6, provide details below:

Name	Address / Telephone	Social Security Number	From / To

- 7a. Are you a United States Citizen?  
 No    Yes
- 7b. If not, are you authorized to work in the United States?  
 No    Yes
- 7c. If the answer to question 7a is "No," please describe your immigration/alien status and provide any registration or other identification numbers assigned you by the Immigration and Naturalization Service in the space provided below.  
  
\_\_\_\_\_  
  
\_\_\_\_\_

## EDUCATION

	Name of School	Course of Study (major)	Check last year completed				Did you graduate? Yes [ ] No [ ]	If yes, type of degree
			1	2	3	4		
High School or Equivalent								
College								
Graduate Business School								
Other Special Education or training relevant to position								
Other Special Skills or qualification								

## EMPLOYMENT HISTORY

8. For the past ten years, chronologically list your employment history and any part-time work:  
Can MPL Systems, Inc. contact your previous employers? \_\_\_yes \_\_\_no

8a. Present or Last Employer						
Name of Employer				Nature of Business		
Address                      Street                      City                      State                      Zip Code				Area Code & Telephone		
Employment Dates From Mo-Day-Yr		To Mo-Day-Yr	Title or Position		Name and Title of Immediate Supervisor	
Reason for desiring change or leaving				Starting base salary \$                      per	Ending Base Salary \$                      per	Number of Hours per week
Description of Duties:						
Number and type of employees supervised:						

8b. Next Previous Employer						
Name of Employer				Nature of Business		
Address                      Street                      City                      State                      Zip Code				Area Code & Telephone		
Employment Dates From Mo-Day-Yr		To Mo-Day-Yr	Title or Position		Name and Title of Immediate Supervisor	
Reason for desiring change or leaving				Starting base salary \$                      per	Ending Base Salary \$                      per	Number of Hours per week
Description of Duties:						
Number and type of employees supervised:						

8c. Next Previous Employer					
Name of Employer			Nature of Business		
Address		Street	City	State	Zip Code
Area Code & Telephone					
Employment Dates		Title or Position		Name and Title of Immediate Supervisor	
From Mo-Day-Yr	To Mo-Day-Yr				
Reason for desiring change or leaving			Starting base salary	Ending Base Salary	Number of Hours
			\$ per	\$ per	per week
Description of Duties:					
Number and type of employees supervised:					

9. Have you ever been discharged from military service for any country on anything other than honorable terms?  
 No    Yes

If the answer to question 9 is "Yes," please describe the details below:


- 10a. Have you ever been discharged from employment or otherwise had your employment terminated by your employer for any reason?  
 No    Yes
- 10b. Have you ever been disciplined or otherwise sanctioned by an employer for any reason whatsoever?  
 No    Yes
- 10c. Has any employer ever accused you of or investigated you for any acts of an unethical nature?  
 No    Yes

If the answer to any part of question 10 is "Yes," please describe the details below:


## **OTHER INFORMATION**

11. In the past ten years:

11a. Have you been convicted in any jurisdiction after trial, or by a plea of guilty or nolo contendere, of any felony or misdemeanor charges?

No  Yes

11b. Are there any felony or misdemeanor charges currently pending against you?

No  Yes

If the answer to any part of question 11 is "Yes," please provide details below:

Agency or Court	Firm or Person Named	Nature of the Charges or Investigation	Date	Status or Outcome

12. Are you in arrears in child support and/or alimony payments?

No  Yes  Not Applicable

If the answer to question 12 is "Yes," please provide details below:

Alimony or Child Support	Name of Person Owed	Months Owed	Amount Owed

## **LICENSE INFORMATION**

13. Have you ever held or do you currently hold any trade or professional license?

No  Yes

If the answer to question 13 is "Yes," please provide details below:

Trade or Professional License	Dates Held	County or State

14. Do you have a driver's license?  
 No  Yes

If the answer to question 14 is "Yes," please provide details concerning each license held below:

Country or State	License Number	Expiration Date

15. Has your driver's license ever been suspended or revoked?  
 No  Yes

If the answer to question 15 is "Yes," please provide details below:

State	License Number	Date of Suspension or Revocation	Reason for Suspension or Revocation

16. Have you ever held or do you currently hold a license to carry or possess a firearm?  
 No  Yes

If the answer to question 16 is "Yes," please provide details below:

Jurisdiction (County / City / State)	Type of License	License Number

### **FINANCIAL INFORMATION**

17. Do you owe any money to any individual or entity in the amount of \$5,000 or more?  
 No  Yes

If the answer to question 17 is "Yes," please provide details below:

Creditor	Loan Amount	Terms of Loan	Guarantor or Co-Signor's Name

18. Have you ever filed for bankruptcy?  
 No  Yes

If the answer to question 18 is "Yes," please provide details below:

Date	Docket Number	Court

### **LITIGATION ACTIVITY**

19. Within the past five years, have you been a plaintiff or defendant in any lawsuits?  
 No  Yes

If the answer to question 19 is "Yes," please provide details below:

Case Name	Nature of Action	Docket Number	Date	Court	Status

### **PERSONAL BUSINESS OWNERSHIP**

20. At the present time or within the past ten years have you owned any business, either as a sole owner or in a partnership, limited liability company, or corporation?  
 No  Yes

If the answer to question 20 is "Yes," please provide details below:

Name and Address of Business	Taxpayer ID Number	Names of Partners	Type of Business



**AUTHORIZATION FOR CONSUMER CREDIT REVIEW AND  
BACKGROUND INVESTIGATION**

In connection with a recent application for employment, I have provided information concerning my previous employers, education and personal history. I understand that Choice Point has been requested by my prospective employer to verify the information I have provided and to conduct a background investigation in connection with my employment application.

I hereby authorize Choice Point to contact any individual or entity deemed necessary to verify the information I have supplied. I also authorize Choice Point to retrieve a copy of my consumer credit report and to take all steps necessary to prepare an investigative consumer report.

I hereby authorize my past employers, educational institutions and any other organization or individual contacted by Choice Point to provide all information necessary to verify the information I have provided. In that regard, a photocopy of this authorization shall serve with equal force as the original.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE OF BIRTH