



Phone: (937)7080492, (937)5547473
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Email: manager@CedarDriveApartments.com

Contractor screening questionnaire

Name: _____ Email: _____

Address: _____ Phone: _____

Date of Birth: _____ S.S.# : _____

Employer: _____ Driver License #: _____

Desired pay rate: _____/hour or by work _____

Desired pay Term (please circle all apply)

Weekly

Bi-weekly

Month

Warning: Applicant should decide whether to answer these questions or not. It is his right to withheld information which is not related to the job.

1. Is there any health-related reason you may not be able to perform the job for which you're applying?

Yes _____ No _____

2. Have you ever been treated for drug addiction or alcoholism?

Yes _____ No _____

If yes, when _____

3. Do you have driving violations? Yes _____ No _____

If yes, when _____

4. Anything else you would like to tell us:

