

Please sign below.

I have read these directions and understand them:

Employee signature

Date

Thank you for answering these questions. (Suggested Format)

Name _____

Age _____

Company _____

Job _____

Type of Preplacement Exam:

Periodic

Termination

Initial

Other

Blood Pressure _____

Pulse Rate _____

1. How long have you worked at the job listed above?

Not yet hired

Number of months

Number of years