



APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS

You are not required to give information on this form where such information is expressly prohibited by Federal, State or local laws and the applicant may exclude those responses that may indicate race, creed, sex, marital status, age, color, national origin, disabilities, military status, ethnicity or union affiliation.

Our employment practices are in full accord with State and Federal laws which prohibit discrimination because of race, color, religion, age, sex, national origin, membership and activities on behalf of a labor organization, disabilities, or ethnicity.

Important! This employment application will only be valid for 230 days from application date. Incomplete applications will not be considered for employment with this company. If a question does not apply to you, print NA which means "not applicable". False or misleading statements on this employment application will result in its removal from consideration for any current or future employment opportunities with this company.

(PLEASE PRINT)

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been employed with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you currently employed?					YES <input type="checkbox"/> NO <input type="checkbox"/>
May we contact your present employer?					YES <input type="checkbox"/> NO <input type="checkbox"/>
On what date would you be available for work?					
Wage Expected?					
Are you currently on "lay-off" status and subject to recall?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you travel if a job requires it?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you hold a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License No. and State		
If you are a referral, who referred you to us?					
Are you eligible for shift work?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a veteran?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment</i>					YES <input type="checkbox"/> NO <input type="checkbox"/>



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EDUCATION									
High School							Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College							Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other							Address		
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
PREVIOUS EMPLOYMENT									
Company						Phone			
Address						Supervisor			
Job Title					Starting Salary \$		Ending Salary \$		
Work Performed									
From		To		Reason for Leaving					
Company						Phone			
Address						Supervisor			
Job Title					Starting Salary \$		Ending Salary \$		
Work Performed									
From		To		Reason for Leaving					
Company						Phone			
Address						Supervisor			
Job Title					Starting Salary \$		Ending Salary \$		
Work Performed									
From		To		Reason for Leaving					
Company						Phone			
Address						Supervisor			
Job Title					Starting Salary \$		Ending Salary \$		
Responsibilities									
From		To		Reason for Leaving					



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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Especially construction skills in areas other than the primary skill applied for on this application

Special Licenses

State any additional information you may feel may be helpful to us in considering your application.

Not to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES NO

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

NAME:

ADDRESS:

STATE:

ZIP:

POSITION:

TELEPHONE:

NAME:

ADDRESS:

STATE:

ZIP:

POSITION:

TELEPHONE:

CONTINUED ON NEXT PAGE



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NAME:		
ADDRESS:	STATE:	ZIP:
POSITION:	TELEPHONE:	

DISCLAIMER AND SIGNATURE

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for an open application period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by and officer of this organization.

I understand that incomplete employment applications will not be considered.

I hereby understand and acknowledge that if employed, my first 90 days with the company shall be considered as a probationary period during which time I may be discharged for any reason with or without cause.

In the event of employment, I understand that, if hired, false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Employer. Any offer of employment tendered to the applicant by this company is conditional and may be contingent upon successful completion of a drug and/or alcohol test and background information.

Signature of
Applicant

Date