



APPLICATION FOR EMPLOYMENT

Please complete the following questions **completely** and to the best of your ability. ~~Q } A c 1 1 • A~~ an Equal Opportunity Employer (EOE) and we will not discriminate against you due to sex, age, race, religion and/or veteran status.

PERSONAL

Name: _____
Last, First, M.I.

Address: _____
Number Street Apt.

City, State Zip

Telephone: _____ Soc.Sec.No.: _____

Birth Date: _____

Do you have any disease and/or illness that would prevent or restrict your ability to operate machinery, work at heights, or restrict your ability to use Personal Protective Equipment? Do you take any type of medications on a daily and/or regular basis? If yes to any of the above, please list below. If no, please state so below:

Do you have any restrictions on your Drivers License, or any moving violations/points? If so, please list below:

EMPLOYMENT

Position desired: _____

Desired wage: _____/hr. Date you can start: _____

Are you currently Employed: _____ If so, where? _____

May we contact your current employer: _____ Telephone Number: _____

Why do you wish to change jobs? _____

Please list your experience in the construction and/or related field: _____

EMPLOYMENT HISTORY

Please list three (3) of the company's that you have most recently worked for:

Firm Name Telephone Number/Contact Name

Street Address Date Started / Date Left

City, State Zip Wages/Hour

Duties: _____

Reason for Leaving: _____

Firm Name Telephone Number/Contact Name

Street Address Date Started / Date Left

City, State Zip Wages/Hour

Duties: _____

Reason for Leaving: _____

Firm Name Telephone Number/Contact Name

Street Address Date Started / Date Left

City, State Zip Wages/Hour

Duties: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please list three (3) personal references that we may contact that are not related to you:

Name

Telephone Number / How long have you known this person

Name

Telephone Number / How long have you known this person

Name

Telephone Number / How long have you known this person

I, the undersigned, hereby give my permission to Q1 / Q14 to contact my personal references and previous employers for information verification. I have completed this Employment Application to the best of my ability. All information contained herein is true. I understand that if I have misrepresented myself, it can be cause of immediate dismissal.

Your Signature

Date