

APPLICATION FOR EMPLOYMENT

Personal Information

Date _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE No.	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? YES NO
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHERE?	WHEN?

EDUCATION HISTORY

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUISNESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST) MUST PROVIDE DATES AND PHONE NUMBERS

DATE MONTH AND YEAR	NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERANCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUISNESS	YEARS KNOWN

Have you ever been convicted or pled guilty or no contest to a felony offense? Yes No

For purposes of employment with Advanced Construction "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

City/State: _____ Charge: _____

*Please explain. _____

**Conviction of a felony will not necessarily bar you from employment.*

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for and damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws"

Date _____ Signature _____

-----DO NOT WRITE BELOW THIS LINE-----

INTERVIEWED BY _____ DATE _____

REMARKS

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER