

# Employment Application

An Equal Opportunity/Affirmative Action Employer

This company is an Equal Opportunity Employer. In all of our Employment practices, including hiring, we are strongly committed to equal opportunity for any persons regardless of race, religion, color, sex, age, national origin, citizenship, sexual orientation, disability or any other basis of discrimination prohibited by local, state, or federal law. No question on this application is used for the purpose of limiting or excluding any applicant on the grounds listed herein.

### ALL QUESTIONS MUST BE ANSWERED FOR CONSIDERATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Apt: \_\_\_\_\_ PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: Day ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening ( ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Are you 18 years of age or older? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Valid Driver's License Number? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
If hired, can you provide written evidence that you are authorized to work in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Type of work desired: \_\_\_\_\_ Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_  
Hours available for work: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri  
If needed, can you work weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No Overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

### EDUCATION

Type	Name/Location	Course of Study	Years Completed	Degree/Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical	_____	_____	_____	_____
Or Other	_____	_____	_____	_____

### EMPLOYMENT: (START WITH MOST RECENT EMPLOYER)

Company Name and Address: \_\_\_\_\_  
Position: \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Still Employed? Y N

Briefly describe your duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
If still employed, may we contact your supervisor? Y N  
Reason for Leaving: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Name and Address:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Still Employed? Y N

Briefly describe your duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

If still employed, may we contact your supervisor? Y N

Reason for Leaving: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Company Name and Address:** \_\_\_\_\_

Position: \_\_\_\_\_ Dates Worked: From \_\_\_\_\_ to \_\_\_\_\_ Still Employed? Y N

Briefly describe your duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

If still employed, may we contact your supervisor? Y N

Reason for Leaving: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor or traffic infraction? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain: \_\_\_\_\_

Please list any additional skills or training that may be helpful on the job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (DO NOT INCLUDE RELATIVES.)**

Name	Occupation	Years Known	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANTS STATEMENT:**

*I certify that I have read and fully completed this application and the facts set forth in this employment application are true and correct to the best of my knowledge. I agree and understand that any misrepresentation found on this application will disqualify my opportunity for employment with this company. I further understand that if such misrepresentations are found after employment, it will be grounds for dismissal.*

*I understand that this application is not a contract for Employment.*

*I understand that federal law prohibits the employment of unauthorized aliens; failure to submit satisfactory proof of employment authorization in the U.S. and proper identity will disqualify my opportunity for employment with this company.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

**Click SUBMIT button to send your completed form to our office (only works in Adobe Acrobat).  
If you're having problems, please email [arascon@bldgsolutions.net](mailto:arascon@bldgsolutions.net)**