

APPLICATION FOR EMPLOYMENT

| | | | | |
|-------------------------------|-------|--|-----|---|
| PERSONAL INFORMATION | | | | Date _____ |
| Name _____ | | | | |
| Last | First | Middle | | |
| Present Address _____ | | | | |
| Street | City | State | Zip | |
| Phone Number _____ | | Date of Birth _____ | | Social Security Number _____ |
| Driver's License Number _____ | | U.S. Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO | | Do you have dependable transportation: <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Referred by _____ | | | | |

| | |
|--|--|
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? (CONVICTION WILL NOT NECESSARILY BAR EMPLOYMENT) | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____ | |
| NEECE CONCRETE CONSTRUCTION IS A DRUG FREE WORKPLACE. As a condition of employment you will be required to submit a substance abuse test. | |
| Are you willing to do so? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | |
|---|------------------|----------------------|
| EMPLOYMENT DESIRED | | |
| Position _____ | Start Date _____ | Salary Desired _____ |
| Are you employed now? _____ If so, may we inquire of your present employer? _____ | | |

| EDUCATION | | | | |
|---|-------------------|----------------|----------------|----------|
| | NAME AND LOCATION | YEARS ATTENDED | DATE GRADUATED | COMMENTS |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL | | | | |

FORMER EMPLOYERS (List below the last four employers starting with the last one first.)

| Date Month and Year | Name and Phone # of Employer | Salary | Position | Reason for leaving |
|---------------------|------------------------------|--------|----------|--------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |

Any other comments: _____
_____**REFERENCES** (Give the names of three persons not related to you, whom you have known at least one year.)

| Name | Address and Phone Number | Business | Years Acquainted |
|------|--------------------------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

EMERGENCY INFORMATIONIn case of emergency notify _____
Name Address Phone# Relationship

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT ON MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

Date _____

REMARKS: _____

Neatness _____ Character _____

Personality _____ Ability _____

Hired YES NO Position _____ Start date _____ Salary _____