



EMPLOYMENT APPLICATION

Instructions: Please print and complete all sections of this application. Incomplete applications will not be considered.

DATE OF APPLICATION: _____

BASIC INFORMATION

NAME: _____
Last Name First Name Middle Other name(s) used

ADDRESS: _____
Street Address City State Zip

EMAIL: _____ PHONE: _____

EXTRA DETAILS:

- » Date available to start
- » Compensation desired
- » Position applying for
- » Are you currently employed?
- » Have you ever worked for Shook Construction?
- » Days available to work: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

REFERRAL SOURCE: _____ PLEASE NAME SOURCE: _____

EDUCATION / TRAINING

TYPE OF SCHOOL	NAME/LOCATION OF SCHOOL	YEARS COMPLETED	DIPLOMA/DEGREE RECEIVED
High School			
Trade School(s)			
College/University(s)			

Have you completed any first aid or CPR training?

Have you completed any safety training?

Have you completed any 10-hour OSHA training?

Have you completed any 30-hour OSHA training?

Please list any other certified training courses you have completed:



APPLICANT'S NAME: _____

GENERAL INFORMATION

If hired, would you be able to present evidence of your U.S. Citizenship or your legal right to work in the United States?

Have you ever been convicted of a criminal offense (felony or misdemeanor) in the last 10 years?

If yes, please explain:

Note: A conviction will not automatically disqualify you from being considered for employment.

Do you have a valid driver's license?

D.L. #	State of Issue	Type	Expiration Date
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Are you willing to relocate?

Are you willing to travel?

Are you 18 years or older?

If applicable, can you work weekends?

Are you willing to work overtime?

Please indicate below any foreign languages you are able to speak, read and/or write.

	FOREIGN LANGUAGE(S)	FLUENT	GOOD	FAIR
<i>Speak</i>				
<i>Read</i>				
<i>Write</i>				

MILITARY SERVICE

Branch of service:

Length of service:

Rank at discharge:

Describe any special job-related training:



APPLICANT'S NAME: _____

WORK EXPERIENCE

Start with your present job. Include any job-related military service assignments and volunteer activities. Exclude organizations in which you would reveal your sex, race, religion, national origin, age, color, disability or other protected status. All applicants must account for the last 10 years. If you need more space, attach additional sheets of paper.

EMPLOYER NAME:	
Street Address:	Employment Start Date:
City, State, Zip:	Employment End Date:
Phone Number:	Starting Pay/Salary:
Supervisor Name:	Ending Pay/Salary:
Reason for leaving:	

List job duties and responsibilities, skills used or learned, and advancements/ promotions earned while at this company:

EMPLOYER NAME:	
Street Address:	Employment Start Date:
City, State, Zip:	Employment End Date:
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List job duties and responsibilities, skills used or learned, and advancements/ promotions earned while at this company:



APPLICANT'S NAME: _____

WORK EXPERIENCE *(continued)*

Please list dates and reasons for any gaps in employment that lasted more than one month:

May we contact your current employer?

May we contact previous employers?

If no, please state the reason(s) why:

Have you ever been discharged or forced to resign from any employer?

If yes, please state the reason(s) why:

WORK REFERENCES

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

NAME AND JOB TITLE	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

AS AN APPLICANT, YOU UNDERSTAND AND AGREE TO THE FOLLOWING

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient grounds for dismissal if discovered at a later date.

I authorize a thorough investigation and agree to cooperate in such investigation of any past employment and activities. I agree to release information from all liabilities or responsibilities, all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or future job in the event that I am hired.

I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the company at any time, for any reason and that the company has the same right. I also understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any assurance of promise of continued employment.

If employment is obtained under this application, I will comply with all the rules and regulations of the company. I agree to be responsible for company property and equipment issued to me by the company until returned to the company.

I hereby agree to submit to any lawful drug and/or alcohol testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action up to and including termination.

Signature of Applicant

Date

