

## **Equal Opportunity Employer**

## **EMPLOYMENT APPLICATION**

		APPLICAN'	T INFORMA	TION					
Name:	Date								
	Last First			M.I.					
Address:	Street Address	t/ Unit #							
	Street Address	Apartmen	ty Onit #						
	City			State	Zip Code				
Phone:	( ) Alternate Phone:								
Date Ava	ate Available: Social Security No.:								
Emergency	cy Contact: Relationship:								
Address:									
riddiess.	Street Address	t/ Unit #							
	City			State	Zip Code				
Phone:									
Position Ap									
	ver had an injury or injuries on								
the job?	J J	Yes	No	source:					
Have vou ex	ver received a Workers			If yes, explain:					
	Yes	No	3						
Compensation payment or settlement for injury on the job?			***************************************						
If the job re	Yes	No	State of Issue:						
driver's lice			DL#						
Have you ev	Yes	No	If yes, when:						
Have you ever been convicted of a felony?		Yes	No	If yes, explain:					
		å	5						
REFERRAL SOURCE									
	Newspaper	□ Company Employee:							
	Website	□ Walk-In □ Other							
	APPLICANT NOTE								

This application is intended to evaluate your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for termination. All qualified applicants will receive consideration without discrimination based on marital status, race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability, veteran status, height, or weight. A felony conviction will not necessarily ban an applicant from employment. A pre-employment drug screening will be required. This application will be active for six (6) months.

	EDUCA	ATION						
High School:	LDCC	ATION	Address:					
From: To:			Date of Graduation:					
College:		and the second second second second	Address					
	:		Date of Graduation:					
Other:			Addrage					
From: To:			Date of Graduation:					
PREVIOUS EMPLOYMENT								
Company:			Phone:					
Address:			Supervisor:					
Job Title:	Job Title: Starting Salary:							
Reason for Leaving:								
Primary Job Duties: ————————————————————————————————————								
May we contact your previous supervisor for a reference?		No						
CERTIFICATION AND SIGNATURE								
I certify that I have read and understand the applicant note on page one and that all my answers and statements are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts on this application, may result in the rejection of my application or termination of employment. I authorize ABRAHAM'S CONSTRUCTION, INC. and/or its agents, including consumer-reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and herby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior and during employment.								
Signature:	Date:							