

EMPLOYMENT APPLICATION (2015)

TODAY'S DATE: _____

By completing this application, I acknowledge that Three Oaks Contractors, Inc. is a drug free workplace. Use of drugs will not be tolerated. A pre-employment drug test will be required.

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Company plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **sixty (60) days**. If you have not heard from the Company within sixty days and wish to receive further consideration for employment, you must reapply in person.

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Previous Address: _____

Are you 18 years or older? Yes _____ No _____ If no, list date of birth ____/____/____
(mo) (day) (year)

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Telephone Number _____ Email Address _____

EDUCATION

Circle Highest Grade Completed:
6 7 8 9 10 11 12 1 2 3 4 5 1 2 3 4
Junior High or High School College or University Graduate School

Type of School	Name of School	Location	Major Subject or Course of Study	Did you Graduate?
High School				
College				
Business or Trade School				
Correspondence School				
Other (Specify)				
Graduate School				

List Degree(s) Obtained _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT

Position Desired _____ Salary desired _____

Are you employed now? _____ If so, may we contact your present employer? _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

Are you restricted to working only certain hours of the day? Yes _____ No _____ If yes, indicate the hours you are available _____

Are you restricted from working certain days of the week? Yes _____ No _____ If yes, indicate the days you are available M T W T F S S

When can you report for work? _____

WORK EXPERIENCE

Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name of Supervisor at time of separation: Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name of Supervisor at time of separation: Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name of Supervisor at time of separation: Reason for Leaving:			

From:	Company:		Start:
	Street & No.		
To:	City & State		Final:
Name of Supervisor at time of separation: Reason for Leaving:			

CRIMINAL BACKGROUND

Have you ever pleaded guilty to, “no contest” to, or been convicted of a felony? Yes ____ No ____
 If “yes” please state citation, date, and place where offense occurred. (A “yes” answer will not automatically disqualify you from consideration.) _____

DRIVING INFORMATION

Do you have a current driver’s license? ____ Yes ____ No Class: _____
 State: _____ Lic. No.: _____ Expiration Date: _____
 Has your driver’s license ever been suspended or revoked? ____ Yes ____ No
 If Yes, please explain circumstances: _____
 Please list all moving traffic violations in the past five (5) years:

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location

SPECIAL SKILLS

What knowledge, special training or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate. _____

RELATIVES IN OUR EMPLOYMENT

Name	Relationship	Name	Relationship

REFERENCES

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

AFFIDAVIT

I authorize, without liability, investigation of all statements in this application. I authorize all schools which I attended and all previous employers to furnish to the Company my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Company from all liability for any damage whatsoever arising wherefrom.

I understand that the Company may investigate my driving record, criminal record, credit history and other relevant background information. Specific authorization will be obtained as required under the Fair Credit Reporting Act (FCRA). In addition, the company will make every effort to comply with all requirements of the FCRA should the information received be used to make an adverse employment decision.

Following an offer of employment, and, as a continuing condition of employment should I be hired, the Company may require that I submit to a medical examination. The Company also reserves the right to require me to undergo drug testing prior to employment or at any time during my employment, to the extent permitted by law.

I understand that in event of my employment by the Company, it shall be sufficient cause for dismissal if any of the information I have given in this application is false, misstated, or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In event of my employment by the Company, I agree to abide by all present and subsequently issued rules of the Company.

I understand and agree that, if hired, my employment is "at will." This means that either I or the Company may end the employment relationship at any time and for any or no reason.

Signature _____

Date _____