



EMPLOYMENT APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____

Social Security #: _____

Special Endorsements: _____

Position Applying For: _____

Emergency Contact Name: _____ Phone: _____

Previous Employers: _____

Construction Experience: _____

Military Experience: _____ **Branch:** _____

Have you ever been convicted of a felony: _____ If so what for and when: _____

Do you have now or in the past had any of the following:

Physical Impairments: _____ If so what kind: _____

Surgeries, corrective procedures or operations: _____ If so for what and when: _____

Do you have now or have ever had a worker's compensation claim: _____

If so for what and when: _____

Can you pass a drug test: _____

Do you have any of the following training:

First Aid: _____ Is it current: _____

CPR: _____ Is it current: _____

AED: _____ Is it current: _____

Do you have any SAFE-TO-WORK classes: _____ If so how many: _____

I certify that the foregoing statements are true and complete and that if I am accepted for employment, any untrue or incomplete statements made above will subject me to discharge.

Legal Signature: _____

Date: _____