(POSITION)	
	(POSITION)

## DRUG FREE WORKPLACE - TESTING REQUIRED

Equal Opportunity Employer

We E-Verify All Employees

## APPLICATION FOR EMPLOYMENT

Applicants are considered for all position age, marital or veteran status, or the pres				
Date of Application				
Position Desired	-	Salary Desired		
Name	mark N/A)	First		
City, State, Zip Code				
Home Number:		Cell Number:		
Emergency Telephone		Contac	et	
Email Address:				
Job Name/Number:				
HIRE DATE STAR (Office Use Only)	RT DATE_		WAGE	-

Name:	Phone #:_		Relations	ship:	
Name:	Phone #:		Relations	ship:	
Name:	REFERE Phone #:	NCES	Relations	ship:	
					·
If yes, please explain:					
Is there anything that would prevent yo basis?	ou from puttin	ig in a full days wo	rk on a conti	•	No
Status? (Documentation proving legal right					_ No
Are you prevented from lawfully beco	oming employe	ed in this country b	ecause of Vi		-
Do you have a valid Driver's License?	,			Yes	No
Evenings Weeke	ends	Other			
Full Time Part T	ime	Shift Work	Tempora	ry	_
Please indicate which of the following	g schedules yo	u are able to work:			
What date would you be available to b	oegin work?				
Are you on layoff and subject to recall	1?			Yes	_ No
May we contact your current employe	May we contact your current employer? Yes				
Are you currently employed?				Yes	No
If yes, what are their names?				·	
Do you have any relatives and/or frier	nds employed	by us?			
If yes, give approximate date(s) and p	osition applie	d for:		<del></del>	
Have you filed an application for emp	ployment with	us previously?		Yes	_ No

## **EMPLOYMENT HISTORY**

Please provide current and past employment information as completely as possible, starting with your present or most recent employer. Attach additional sheets if necessary.

Employer Telephone	Dates Employed		Summarize the type of work performed
Address	From	То	and job responsibilities
2100/ 655	Pion	10	†
Job Title			
	Rate	of Pay	
Supervisor		rting	
D. C. Y.	_\\$	Per	
Reason for Leaving	Data	a f Dans	_
	Rate of Pay Final		
May we contact for references? YesNo	\$	Per	
Employer Telephone			Summarize the type of work performed
1	Dates E	mployed	and job responsibilities
Address	From	То	
Job Title	_		
500 Title	Rate	of Pay	-
Supervisor	Rate of Pay Starting		
1	\$	Per	1
Reason for Leaving			
	Rate of Pay		
May we contact for references?	Final		-
May we contact for references? Yes No	\$	Per	
Employer Telephone	Dotter	1 1	Summarize the type of work performed
	Dates E	тріоуеа	and job responsibilities
Address	From	То	
I I Tivil	_		
Job Title	Data	of Dov	
Supervisor	Rate of Pay Starting		
Super visor	\$	Per	
Reason for Leaving	┪"	1 01	
, C	Rate of Pay		1
	Final		
May we contact for references? Yes No	\$	Per	

## EDUCATIONAL BACKGROUND

School	Degree Diploma	GPA or Class Rank	Major	Minor

State any additional information you fee	l may be helpful to us i	in considering your ap	oplication:
I understand that if I am employed, any mis will be sufficient cause for cancellation of it is discovered.	representation of materia	al or omission made by diate discharge from e	me on the application mployment, whenever
I give the employer the right to contact a institutions and to otherwise verify the accurrence from liability the employer and its represent persons, corporations or organizations for fu	racy of the information catives for seeking, gather	contained in this application and using such info	ation. I hereby release
Boss Construction, Inc. does not unlawful application is used for the purpose of limiting basis prohibited by local, state or federal law	ng or excusing any applic	loyment and no questicant from consideration	ion contained on this for employment on a
If I am hired, I understand that I am free to a the employer reserves the same right to term prior notice, except as may be required by I employment for any specified period or de other than an authorized officer, has the au that any such assurances must be in writing	ninate my employment at aw. This application doe finite duration. I underst thority to make any assu	any time, with or with s not constitute an agre- tand that no represental arances to the contrary	out cause and without eement or contract for ative of the employer,
I understand that it is this company's pol because of that person's need for reasona	licy not to refuse to hin ble accommodation as	re a qualified individe required by the ADA	ual with a disability
I also understand that if I am hired, I will b and will be subject to a 90-day probationary based on the findings of my Drug and Alcoh	period. I also understand	d that my offer of emp	loyment is contingent
I represent and warrant that I have read an conditions			
Signature of Applicant		Date	