

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

Date _____

Name _____ Social Security Number _____

Last
First
Middle

Present Address _____

Street
City
State

Permanent Address _____

Street
City
State

Phone No. _____ Are you 18 years or older? Yes or No _____

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

EDUCATION

Name and Location of School	*No. of Years Attended	*Did you Graduate?	Subjects Studied
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR OTHER SCHOOL			

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are least 40 but less than 70 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
(E.I. EQUIPMENT OPERATES) _____

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS

List below last four employers; starting with last one first.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: Give the names of three persons not related to you, whom you have known

Name	Address	Business	Years Acquainted
1			
2			
3			

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related

to my suitability for employment, and further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Signature of Employee _____ Date _____

PHYSICAL RECORD:

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES or NO

Please Describe:

IN CASE OF

EMERGENCY NOTIFY:

Name

Address

Phone No.

APPLICANT TESTING:

TO MAINTAIN THE HIGH PROFESSIONAL STANDARDS OF THE COMPANY'S WORKFORCE, IT IS IMPERATIVE THAT INDIVIDUALS WHO USE ILLEGAL DRUGS BE SCREENED OUT DURING THE INTIAL EMPLOYMENT PROCESS BEFORE THEY ARE PLACED ON THE EMPLOYMENT ROLLS OF THE COMPANY. THIS PROCEDURE WILL PROVIDE FOR A SAFER WORK ENVIRONMENT. DRUG TESTING SHALL BE REQUIRED OF ALL APPLICANTS AND ANY APPLICANT TENTATIVELY SELECTED FOR THIS POSITION WILL BE REQUIRED TO SUBMIT TO TESTING TO SCREEN FOR ILLEGAL DRUG USE PRIOR TO EMPLOYMENT. EMPLOYMENT IN THE POSITION WILL BE CONTINGENT UPON A NEGATIVE DRUG TEST RESULT. ALL NEWLY HIRED APPLICANTS SHALL BE ON PROBATIONARY STATUS FOR 30 DAYS, CONTINGENT UPON MEDICAL CLEARANCE FOR ILLICIT CONTROLLED SUBSTANCE.

I UNDERSTAND AS A CONDITION OF MY EMPLOYMENT WITH THIS COMPANY, THE ABOVE IDENTIFIED TEST IS REQUIRED.

APPLICANTS SIGNATURE

DATE

WITNESSED BY:

DATE

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS, INCLUDING BACKGROUND CHECKS, CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

APPLICANTS SIGNATURE

DATE

Filcon Construction, LLC is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, nation origin, veteran status, or physical or mental handicap.

The following information is voluntary: ___ Male ___ Female _____
___ White ___ Black or African American ___ Hispanic ___ Asian or Pacific Islander ___ American Indian or Alaska Native

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

HIRED: YES OR NO

POSITION:

DATE REPORTING TO WORK:

SALARY/WAGE