



Application for Employment

Have you ever applied at Allied Construction? Yes No

Name (Last, First, Middle Initial): _____

Social Security Number: _____

Date of Birth: _____

Home phone number: _____

Cell number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allied Construction Associates, Inc is a drug-free workplace and pre-employment drug testing is a prerequisite of employment. Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, creed, religion, national origin, age, the presence of a non-job related handicap, or status as a disabled veteran.

Are you legally entitled to work in the US? Yes No

Emergency Contact & Phone Number: _____

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, please give a name and phone number to contact:

Have you ever been convicted of a felony? Yes No

Position

Position or type of employment desired: _____

Wages expected: _____

Date Available: _____

Are you available to work:

- Full-Time
 - Part-Time
 - Night shift
 - Weekends
-

Licenses

Are you over 21 years of age? Yes No

Do you have a valid driver's license in this state? Yes No

(All applicants are subject to a DMV driving record search)

State License Issued: _____

Driver's License Number: _____ Expiration Date: _____

Do you have a valid CDL? Yes No

If yes, explain the type: _____

Education

Name of High School and location: _____

Do you have a high school diploma or GED? Yes No

Did you attend college? Yes No

Do you have a college diploma? Yes No

Name of College:

Years Completed:

Course of Study

Special Skills, Qualifications and Certifications

List all pertinent skills and equipment you operate.

Safety Classes and Expiration

First Aid Yes No

CPR Yes No

Date of expiration: _____

Date of expiration: _____

Work Experience

Employer: _____

Phone #: _____ Supervisor: _____

Address: _____

Dates of employment: _____

Job title and specific duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Starting rate of pay: _____

Last rate of pay: _____

Employer: _____

Phone #: _____ Supervisor: _____

Address: _____

Dates of employment: _____

Job title and specific duties: _____

Starting rate of pay: _____

Last rate of pay: _____

Personal / Work References

List 3 non-relatives who are familiar with your qualifications, work history and abilities.

Name: _____ Phone #: _____

Relationship to applicant: _____

Years known: _____

Name: _____ Phone #: _____

Relationship to applicant: _____

Years known: _____

Name: _____ Phone #: _____

Relationship to applicant: _____

Years known: _____
