

## Application for Employment

Have you ever applied	at Allied Construction?Yes	No			
Name (Last, First, Mid Social Security Number Date of Birth: Home phone number: Cell number:	er:				
Address:	State:				
City:	State:	Zip Code:			
prerequisite of employn discrimination because	nent. Qualified applicants receiv	place and pre-employment drug testing is a ve consideration for employment without ed, religion, national origin, age, the presence veteran.			
	to work in the US?YesNo	0			
Are you employed now	?YesNo				
	esent employer?Yesl me and phone number to conta				
Have you ever been convicted of a felony? YesNo					
Position Position or type of empl	oyment 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?	YesNo				
Do you have a valid driver's license in this state?YesNo					
(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?  If yes, explain the type:	YesNo				
Education					
Name of High School and location:					
Do you have a high school diploma or GED	?YesNo				
Did you attend college? Do you have a college diploma? Name of College: Years Completed: Course of Study	YesNo YesNo				
Special Skills, Qualifications and Certifications List all pertinent skills and equipment you operate.					
Cofety Classes and Empire Con					
Safety Classes and Expiration	CDD Vos No				
First AidYesNo Date of expiration:	CPRYesNo Date of expiration:				

## Work Experience

Employer:			
Phone #:Super	ployer:supervisor:		
Address.			
Dates of employment:			
Job title and specific duties:			
What did you like most shout your job?			
what did you like most about your job?			
What did you like least about your job?			
Starting rate of pay:			
3 1 7			
Last rate of pay:			
Employer			
Employer:Super	n do o m		
Address:	VISOI:		
Address:	<del></del>		
Dates of employment: Job title and specific duties:			
Job title and specific duties.			
Starting rate of pay:			
Last sets of second			
Last rate of pay:			
Personal / Work References			
	h 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:			

Physical Record: (If required as an essential job function with or without (check yes or no)	t reasonabl	le accommodation, can you:			
Climb a ladder with a heavy load? Nail overhead for several hours? Operate loaded wheelbarrows over uneven terrain? Lift heavy construction material? Be exposed to adverse weather conditions? Bend, stoop, kneel and squat as required? Perform repetitive hand motions? Work at various heights?	YesYesYesYesYesYesYesYesYesYesYesYesYes	No No No No No No No			
I swear the statements in this application are true and correct. I understand that any false or misleading statement or omission of material fact may result in dismissal. I authorize the employer to investigate and verify any of the information I have submitted in applying for employment with the employer.					
I understand and agree that if hired, my employment will be at-will and may be terminated with or without notice at any time at my option or at the option of Allied Construction, Inc. I understand that only a written agreement expressly to the contrary signed by me and the President of Allied Construction, Inc. can vary this employment at-will policy.					

Date:

Applicant's Signature: