

APPLICATION FOR EMPLOYMENT

NOTE: You are not required to answer any questions on this form that you feel would infringe on your personal or legal rights..... This company is an equal employment opportunity employer, we will not tolerate discrimination because of sex, color, ancestry, disability, marital status, race religion, age, use of lawful products, arrest or conviction record, honesty testing, national origin, pregnancy or childbirth, sexual orientation, genetic testing or military service membership, all qualified applicants are welcome to submit applications for employment.

PERSONAL INFORMATION

Date of Application _____

Job Applying For _____

Name _____
 (First) (Middle) (Last)

Address _____
 (Street) (City) (State)

Phone No. _____ If Related To Anyone In Our Employ,
 State Name And Department _____

Social Security No. _____ Referred By _____

EDUCATION	NAME AND LOCATION OF SCHOOL	CERTIFICATE OR DEGREE	DID YOU GRADUATE?	AVERAGE GRADE
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SUBJECTS OF SPECIAL STUDY _____

ACTIVITIES (CIVIC, ATHLETIC, PROFESSIONAL, ETC.) _____

APPRENTICESHIP OR INTERNSHIP

What Trade or Program	Dates Served		No. Hours Served on the Job	No. Hours Class Room
	From	To		

Additional Training or Experience _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

From	To	Name of Employer	Title or Duties of Position	Rate of Pay	Reason for Leaving
A					
B					
C					
D					

May we contact your present employer? Yes _____ No _____ Explain _____

REFERENCES: GIVE BELOW THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

- (1) _____
- (2) _____
- (3) _____

TO BE COMPLETED BY ANYONE WHO WILL DRIVE EMPLOYER'S VEHICLE WHETHER REGULARLY OR OCCASIONALLY.

TYPE OF DRIVER'S LICENSE YOU HOLD <input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	ISSUED BY WHAT STATE	EXPIRATION DATE	DRIVER'S LICENSE NO.
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HAS YOUR DRIVER'S LICENSE BEEN REVOKED OR SUSPENDED IN LAST 3 YEARS? NO YES - IF YES, EXPLAIN

HOW MANY YEARS HAVE YOU BEEN DRIVING? LESS THAN 1 YEAR 2-3 YRS OVER 3 YRS

ANY RESTRICTIONS ON YOUR LICENSE? NO YES - IF YES, EXPLAIN _____

DID YOU HAVE ANY MOVING TRAFFIC VIOLATIONS OR ACCIDENTS IN THE LAST 3 YRS NO YES-IF YES, SHOW DETAILS BELOW.

MO./YR.	DESCRIPTION OF VIOLATIONS (Not Parking)	MO./YR.	DESCRIPTION OF ACCIDENTS

Equipment or Machinery you are proficient with _____

Any objection to Saturday work? _____

Any objection to travel, if required by job? _____ Objection to overtime? _____

If hired, could you give written evidence of a right to work in the country? _____

If you are a member of any union, name them _____

Notice to applicants & employees: Screening tests for alcohol and illegal drug use may be required before and during your employment here.

It is understood that employment with this company is temporary. Employment is for the duration of a project, until weather no longer permits construction or lack of work results in termination.

PHYSICAL INFORMATION

Please list any physical defects which would prevent you from performing the position applied for.

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE NO.

I authorize investigation of all statements contained in this application I understand that misrepresentation or omission of facts called for is cause for dismissal, further I understand and agree that 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 previous notice.

Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or if employed termination from employment. It is by understanding that the company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or if hired may subject me to immediate dismissal.

I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. I understand and agree that I may be required to take a physical examination at company expense at any time to determine if I am physically fit for the job I am to perform and I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the company.

I further understand that this is an application for employment and that no employment contract is being offered. I have read and understand the above.

DATE: _____ SIGNATURE: _____

Please email completed application to brett.machon@jpsbp.com or fax to 715-748-4530 Attn: Brett