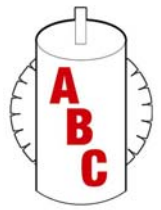




# ABC Cutting Contractors

Application for Employment



Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about this position? ( ) Newspaper Ad ( ) Relative  
( ) Walked In ( ) Employment Agency  
( ) ABC Employee Name \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best time to call: \_\_\_\_\_

May we contact you at work? ( ) Yes ( ) No Best time: \_\_\_\_\_

Date Available for work: \_\_\_\_\_

Are you on Lay-Off and subject to recall? ( ) Yes ( ) No

Will you be able to do some travel if the job requires it? ( ) Yes ( ) No

Will you be able to work overtime if required? ( ) Yes ( ) No

Can you drive a straight shift vehicle? ( ) Yes ( ) No

How long have you had your Driver's License? \_\_\_\_\_ Years

Driver's License # \_\_\_\_\_ State issued \_\_\_\_\_

I understand that a Motor Vehicle Report must be run in order to be eligible for employment with ABC Cutting Contractors. Signature \_\_\_\_\_

Have you been convicted of a Felony in the last 7 Years? ( ) Yes ( ) No  
(A conviction may be relevant if job related, but does not bar you from employment.)

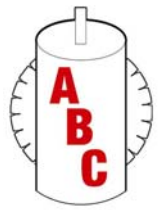
Do you have any illness or injury that would affect your ability to perform this type of construction work? ( ) Yes ( ) No ( ) Not Sure

If "Yes" please explain \_\_\_\_\_



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Application for Employment



### Employment History:

List your last 3 employers starting with the most recent, assignments or volunteer activities beginning with the most recent including military experience.

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Date employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? ( ) Yes ( ) No ( ) Later

Hourly rate during this employment: Start \$ \_\_\_\_\_ / hour Final \$ \_\_\_\_\_ / hour

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Date employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Date employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

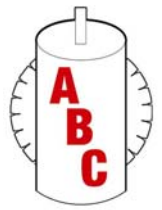
May we contact this employer for a reference? ( ) Yes ( ) No ( ) Later

Hourly rate during this employment: Start \$ \_\_\_\_\_ / hour Final \$ \_\_\_\_\_ / hour



# ABC Cutting Contractors

Application for Employment



Please explain any Gaps in employment history: \_\_\_\_\_

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## Skills and Qualifications:

Summarize any special skills and qualifications you have acquired from employment, training or other experience that would qualify you to work for ABC.

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## Educational Background:

List the last 3 school you have attended showing the time, field of study and degree earned.

School	Yrs Completed	Diploma	Field of Study
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## References:

List the name and phone # for 3 business references that are not related to you and are not previous employers or supervisors.

Name	Phone #	Years Known
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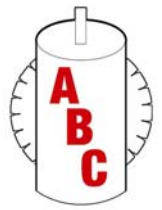
Addition comments or information you feel would be relevant: \_\_\_\_\_

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It is understood and agreed that any misrepresentation by me on this application will be grounds for sufficient cause for cancellation of this application and or separation from the employer's services if I have been employed.

I give the employer the right to investigate all references and secure additional information about me, if job related. I hereby release from liability, the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

ABC is an equal opportunity employer. ABC does not discriminate in employment and no question or information on this application is used for the purpose of limiting or excluding an applicant's consideration for employment on a basis prohibited by local, State or Federal law.

This application will be current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

I understand that just as I am free to resign at any time, ABC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ABC has the authority to make any assurances to the contrary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date