



An equal opportunity employer

EMPLOYMENT APPLICATION

(Pre-Employment Questionnaire)

PERSONAL INFORMATION

NAME: _____ **DOB** _____

ADDRESS: _____

PHONES: _____

SSN: _____

MARITAL STATUS: _____ **CHILDREN** _____

FL. DRIVERS LICENCE #: _____

**ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?** YES _____ NO _____ **CITIZESHIP:** _____

HAVE YOU EVER BEEN ARRESTED? _____

WORK EXPERIENCE:

<i>DATES:</i>	<i>NAME AND ADDRESS OF EMPLOYER:</i>	<i>CONTACT AND PHONE:</i>	<i>POSITION:</i>	<i>REASON FOR LEAVING:</i>

REFERENCES: (LIST 3 PERSONS OTHER THAN RELATIVES OR LIVING WITH YOU)

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE NUMBER</i>

JOB YOU ARE APPLYING FOR:

POSITION: _____ DATE YOU CAN START _____ WAGES DESIRED _____
ARE YOU EMPLOYED NOW? YES _____ NO _____
MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? _____
ARE YOU REFERRED TO US BY ONE OF OUR EMPLOYEES, IF SO WHO? _____

SKILLS AND EDUCATION:

SUBJECT	FROM:	TO:	SCHOOL NAME & ADDRESS	COMPLETED?	DEGREE OR CERTIFICATE SUBJECT
GRAMMAR					
HIGH SCHOOL					
COLLEGE					
UNIVERSITY					
TRADE SCHHOLS					

MILITARY SERVICE:

BRANCH	DATES OF SERVICE	RANK AT DISCHARGE	RESERVE STATUS	HONORABLE DISCHARGE	MILITARY OCCUPATION

MEDICAL AND EMERGENCY INFORMATION:

LIST ALL MEDICAL CONDITIONS:

In case of emergency who should we contact first:

1-Name: _____ Relationship: _____ Phone number: _____
2-Name: _____ Relationship: _____ Phone number: _____

I HAVE READ THIS NOTICE IN ITS ENTIRETY AND I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. BUILDERS IS A DRUG FREE WORKPLACE, REFUSAL TO VOLUNTARY CONSENT TO DRUG SCREENINGS WILL BE CAUSE FOR IMMEDIATE DISSMISAL. WE ADHERE TO ALL FEDERAL EMPLOYMENT RULES AND EQUAL OPPORTUNITY LAWS.

SIGNATURE
