

LABORERS APPLICATION FOR EMPLOYMENT



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Name: _____ Social Security No. _____
Last First M.I.

Address: _____
Street City State Zip

Phone Number: _____ Age: _____ Date of Birth: _____

Are you legally eligible for employment in the US? Yes No

Have you ever been convicted of a felony? Yes No

Have you worked for this company before? Yes No Reason for leaving? _____

Are you now employed? Yes No If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected? _____

EMPLOYMENT HISTORY

EMPLOYER	DATE	
NAME:	FROM:	To:
ADDRESS:	POSITION HELD:	
CITY: STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:	

EMPLOYER	DATE	
NAME:	FROM:	To:
ADDRESS:	POSITION HELD:	
CITY: STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:	

EMPLOYER	DATE	
NAME:	FROM:	To:
ADDRESS:	POSITION HELD:	
CITY: STATE: ZIP:	SALARY/WAGE:	
CONTACT PERSON: PHONE NUMBER:	REASON FOR LEAVING:	

EDUCATION

	Institution Name	Years Completed	Field of Study	Graduate or Degree
High School, College, University, Business, Etc.				

MILITARY

Are you a veteran? Yes No

Duty/Specialized Training: _____

SKILLS & QUALIFICATIONS

Other qualifications such as special skills, abilities or honors that should be considered:

Types of computers, software, & other equipment you are qualified to operate or repair:

Professional licenses, certifications or regulations:

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work _____

Are you physically capable of heavy metal work? _____

Ever injured on the job? _____ Give nature and degree of such injuries _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and in and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

Applicant's Signature

Date