

APPLICATION FOR EMPLOYMENT

***** www.abelconst.com *****

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. EOE/M/F

First Name Middle Name Last Name

Address (street or apartment number, city, state, & zip code)

() / /

Telephone Number Social Security Number

Position(s) Applying For Date

How did you learn about us? Advertisement _____ Other _____
Employee/Friend _____ (Their name) _____

Have you ever filed an application with us before? YES _____ NO _____
If YES, please give date _____

Have you ever been employed by us before? YES _____ NO _____
If YES, please give date _____

May we contact your present employer? YES _____ NO _____

Are you a legal citizen of the United States? YES _____ NO _____

When can you start? Date _____

Are you currently on "lay-off" status and subject to recall? YES _____ NO _____

Do you have a valid drivers license? YES _____ NO _____

Drivers License Number State Issued Class

Special Skills and Qualifications: _____

REFERENCES

Name & Occupation Years Known Telephone #

Name & Occupation Years Known Telephone #

Name & Occupation Years Known Telephone #

EMPLOYMENT HISTORY

(Start with your present or last job)

1. _____ ()
Company Name & Supervisor Telephone Number

Address (street or apartment #, city, state & zip code)

_____/_____/____ To ____/____/____
Dates Employed Hourly Rate/Salary

Job Title & Description of Job Reason for Leaving

2. _____ ()
Company Name & Supervisor Telephone Number

Address (street or apartment #, city, state & zip code)

_____/_____/____ To ____/____/____
Dates Employed Hourly Rate/Salary

Job Title & Description of Job Reason for Leaving

3. _____ ()
Company Name & Supervisor Telephone Number

Address (street or apartment #, city, state & zip code)

_____/_____/____ To ____/____/____
Dates Employed Hourly Rate/Salary

Job Title & Description of Job Reason for Leaving

**** WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE
THOSE YOU DO NOT WANT US TO CONTACT****

IMPORTANT - READ BEFORE SIGNING

1. Pre-employment drug testing, physical and post-offer screening are required.
2. The statements I made in this application are true and complete. I understand that if, in the judgement of the company, I have made any false statement, omission, or concealment or I have failed to answer any question fully and accurately, it will be grounds for terminating my employment if I am hired.
3. I authorize investigation of all statements and matters contained in this application, which Abel Construction Co. may deem relevant to employment. Abel Construction will keep all such information confidential, except when such information is required to be released by law, order of a court, or other authority.
4. I agree to submit to a drug test, physical examination and post-offer screening. The facilities and cost will be designated and paid for by Abel Construction. The purpose of such examination will be to determine my physical fitness to begin employment with Abel Construction Co., Inc.

Signature of Applicant

Date

