

Lawrence Building Corporation

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260.469.8400 payroll@lawrencebuilding.com

APPLICATION FOR EMPLOYMENT

NAME _____ TODAY'S DATE _____

ADDRESS _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

SOC. SEC # _____ US CITIZEN? YES ___ NO ___

Email Address: _____ PHONE _____

REFERRED BY: _____ RELATIONSHIP _____

POSITION APPLYING FOR _____ REQUESTED WAGE _____

PART TIME _____ FULL TIME _____ AVAILABLE FOR OVERTIME _____

AVAILABLE FOR OUT-OF-TOWN WORK _____ VALID DRIVERS LICENSE _____

CONSTRUCTION SKILLS: _____

DO YOU HAVE ANY CURRENT WORK LICENSES, SAFETY CERTIFICATES, ETC.? _____

ARE YOU CURRENTLY EMPLOYED? Y _____ N _____ MAY WE CONTACT THEM? Y _____ N _____

DID YOU RECEIVE A COPY OF THE COMPANY'S POLICIES? Y _____ N _____

ARE YOU WILLING TO SUBMIT TO A DRUG SCREEN UPON REQUEST? Y _____ N _____

EDUCATION

HIGH SCHOOL _____ CITY _____ STATE _____

CONTINUED EDUCATION _____ CITY _____ STATE _____

GRADUATE _____ YEAR OF GRADUATION _____ COURSE OF STUDY _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE ARMED FORCES? _____

IF YES, PLEASE LIST MILITARY STATUS _____

DATES OF SERVICE: FROM _____ TO _____

PREVIOUS EMPLOYMENT

CURRENT/MOST RECENT _____ TELEPHONE _____ SALARY _____

JOB TITLE _____

RESPONSIBILITIES _____

WORKED THERE FROM _____ TO _____ REASON FOR LEAVING _____

SUPERVISOR _____ MAY WE CONTACT THEM _____

EMPLOYER _____ TELEPHONE _____ SALARY _____

JOB TITLE _____

RESPONSIBILITIES _____

WORKED THERE FROM _____ TO _____ REASON FOR LEAVING _____

SUPERVISOR _____ MAY WE CONTACT THEM _____

EMPLOYER _____ TELEPHONE _____ SALARY _____

JOB TITLE _____

RESPONSIBILITIES _____

WORKED THERE FROM _____ TO _____ REASON FOR LEAVING _____

SUPERVISOR _____ MAY WE CONTACT THEM _____

HAVE YOU EVER BEEN INJURED ON A JOB? _____

IF YES, PLEASE LIST TYPE OF INJURY, HOW LONG YOU WERE OFF WORK, AND DO YOU HAVE WORK RESTRICTIONS:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES PLEASE EXPLAIN: _____

TO THE BEST OF MY INFORMATION AND KNOWLEDGE, ALL ANSWERS TO THE ABOVE QUESTIONS ARE VALID AND TRUE. I UNDERSTAND THAT IF I AM HIRED AND ANY INFORMATION IS FOUND TO BE FALSE, I WILL BE TERMINATED FROM MY EMPLOYMENT IMMEDIATELY.

APPLICANT'S SIGNATURE _____ DATE _____

INITIAL INTERVIEW BY _____ DATE _____

HIRE DATE _____ RATE OF PAY _____ POSITION _____

SEASONAL/PERMANENT _____