

# APPLICATION FOR EMPLOYMENT

NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOC. SEC # \_\_\_\_\_ PHONE (1) \_\_\_\_\_ PHONE (2) \_\_\_\_\_

US CITIZEN? YES \_\_\_ NO \_\_\_

Email Address: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_ DESIRED WAGE \_\_\_\_\_

PART TIME \_\_\_\_\_ FULL TIME \_\_\_\_\_ AVAILABLE FOR OVERTIME \_\_\_\_\_

AVAILABLE FOR OUT OF TOWN WORK \_\_\_\_\_ VALID DRIVERS LICENSE \_\_\_\_\_

CONSTRUCTION SKILLS: \_\_\_\_\_

DID YOU RECEIVE A COPY OF THE COMPANIES POLICIES? Y \_\_\_\_\_ N \_\_\_\_\_

DID YOU RECEIVE A COPY OF THE DRUG-FREE WORKPLACE POLICY? Y \_\_\_\_\_ N \_\_\_\_\_

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

DID YOU WATCH THE SAFETY ORIENTATION VIDEO? SIGN \_\_\_\_\_

## EDUCATION

HIGH SCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

CONTINUED EDUCATION \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

GRADUATE \_\_\_\_\_ YEAR OF GRADUATION \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_

HAVE YOU EVER SERVED IN THE ARMED FORCES? \_\_\_\_\_

IF YES, PLEASE LIST MILITARY STATUS \_\_\_\_\_

DATES OF SERVICE: FROM \_\_\_\_\_ TO \_\_\_\_\_

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### PREVIOUS EMPLOYMENT

**# 1 NAME** \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_

JOB TITLE \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

WORKED THERE FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ MAY WE CONTACT THEM \_\_\_\_\_

**# 2 NAME** \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_

JOB TITLE \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

WORKED THERE FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ MAY WE CONTACT THEM \_\_\_\_\_

**# 3 NAME** \_\_\_\_\_ TELEPHONE \_\_\_\_\_ SALARY \_\_\_\_\_

JOB TITLE \_\_\_\_\_

RESPONSIBILITIES \_\_\_\_\_

WORKED THERE FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ MAY WE CONTACT THEM \_\_\_\_\_

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PLEASE STATE NAME OF PHYSICIAN, & NATURE OF AILMENT, & LENGTH OF TIME UNDER A DOCTOR'S CARE WITHIN THE LAST SIX MONTHS:

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HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES PLEASE EXPLAIN: \_\_\_\_\_

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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 \_\_\_\_\_

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HIRE DATE \_\_\_\_\_ RATE OF PAY \_\_\_\_\_ POSITION \_\_\_\_\_

SEASONAL/PERMANENT \_\_\_\_\_

# EMPLOYEE EMERGENCY CONTACT FORM

## Personal Contact Info:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

## Emergency Contact Info:

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

## Medical Contact Info:

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize Lawrence Building Corp, Lawrence Construction and its representatives to contact any of the above on my behalf in the event of an emergency.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_