

SUNSERI CONSTRUCTION APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

PERSONAL

Last Name		First	Middle	Date
Street Address				Home Phone () -
City, State, Zip				Business Phone () -
Have you ever applied for employment with us?				Social Security #
Yes	No	If Yes: Month & Year	Location:	-
Position Desired				Pay Expected
When will you be available to begin work?				Will you work overtime if asked?
Other special training or skills (languages, machine operations, etc.)				Driver's License #
How did you learn of our organization?				
Are you legally eligible for employment?		Yes	No	Are you over 18 years of age?
				Yes
				No

EDUCATION

HIGH SCHOOL

Name:		
Location:		
Course of study:		
Number of years completed:	Did you graduate:	Degree or Diploma:

COLLEGE

Name:		
Location:		
Course of study:		
Number of years completed:	Did you graduate:	Degree or Diploma:

OTHER

Name:		
Location:		
Course of study:		
Number of years completed:	Did you graduate:	Degree or Diploma:

Please give an accurate and complete employment record.
 Begin with present or most recent employer.

EMPLOYMENT

#1

Company Name	Telephone () -
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
State Job Title and Describe Your Responsibilities	Reason for Leaving

#2

Company Name	Telephone () -
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
State Job Title and Describe Your Responsibilities	Reason for Leaving

#3

Company Name	Telephone () -
Address	Employed (Month & Year) From: To:
Name of Supervisor	Weekly Pay Start: End:
State Job Title and Describe Your Responsibilities	Reason for Leaving

IN THE EVENT OF AN EMERGENCY:

Name of person to notify:

Address:

Phone #(s):

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
 I authorize investigation of all statements given in this application including contacting former employers.
 I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
 I understand that if an offer of employment is extended, it will be contingent upon my submitting proof of legal right to work in the United States.
 I further understand that if an offer of employment is extended, it is contingent upon my passing a pre-employment drug screening and physical exam.

_____ Date

_____ Signature

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

Person Contacted:	Phone #	Date:
Affiliation with Applicant:		
Results:		
Person Contacted:	Phone #	Date:
Affiliation with Applicant:		
Results:		
Person Contacted:	Phone #	Date:
Affiliation with Applicant:		
Results:		

INTERVIEWER COMMENTS

Name:	Date: