

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

NOTE: PROVIDE THE INFORMATION REQUESTED ONLY. EXTRANEIOUS INFORMATION WILL RESULT IN THE REJECTION OF YOUR APPLICATION. THIS APPLICATION IS ONLY ACTIVE FOR 30 DAYS. AFTER 30 DAYS, THIS APPLICATION EXPIRES AND A NEW APPLICATION MUST BE SUBMITTED.

DATE: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NO. ()	REFERRED BY			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS. STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	RELATIONSHIP	YEARS KNOWN
1			
2			
3			

APPLICANT CERTIFIES THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE AND UNDERSTANDS THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

APPLICANT AUTHORIZES INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE BURCH CONSTRUCTION, INC. ("COMPANY") ANY AND ALL INFORMATION CONCERNING APPLICANT'S PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASES THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

APPLICANT UNDERSTANDS AND AGREES THAT NO REPRESENTATIVE OF COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. APPLICANT UNDERSTANDS AND AGREES THAT IF EMPLOYMENT IS OFFERED BY COMPANY, SUCH EMPLOYMENT WILL BE AT-WILL. THAT IS, AS AN EMPLOYEE, YOU MAY QUIT EMPLOYMENT FOR ANY REASON OR NO REASON, WITH OR WITHOUT NOTICE, AND THE COMPANY MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME, FOR ANY REASON OR FOR NO REASON, WITH OR WITHOUT NOTICE. APPLICANT AGREES AND UNDERSTANDS THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO VARY THE UNDERSTANDINGS SET FORTH ABOVE OR TO ENTER INTO ANY EMPLOYMENT AGREEMENT WITH APPLICANT FOR A SPECIFIED PERIOD OF TIME EXCEPT BY A WRITTEN DOCUMENT SIGNED BY BOTH THE APPLICANT AND THE PRESIDENT OF THE COMPANY.

APPLICANT ALSO UNDERSTANDS AND AGREES THAT, IF EMPLOYMENT IS OFFERED, THE OFFER OF EMPLOYMENT IS CONTINGENT UPON THE APPLICANT'S READING, AGREEING TO, AND SIGNING COMPANY'S AT-WILL EMPLOYMENT AND ARBITRATION AGREEMENT, READING THE COMPANY EMPLOYEE MANUAL AND SIGNING THE ACKNOWLEDGMENT OF RECEIPT OF THAT HANDBOOK, AND SUCCESSFULLY PASSING A PRE-EMPLOYMENT DRUG TEST.

APPLICANT ALSO UNDERSTANDS THAT ANY OFFER OF EMPLOYMENT IS CONDITIONED ON PROVIDING SATISFACTORY PROOF OF APPLICANT'S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.

DATE: _____ SIGNATURE OF APPLICANT: _____

INTERVIEWED BY: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE _____

REMARKS OF INTERVIEWER

HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY WAGES
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