



APPLICATION FOR EMPLOYMENT

EMPLOYMENT DECISIONS WILL BE BASED ON THE PRINCIPLES OF EQUAL OPPORTUNITY. ALL PERSONNEL ACTIONS (RECRUITING, HIRING, TRAINING, PROMOTION, COMPENSATION, ETC.) ARE ADMINISTERED WITHOUT REGARD TO ANY CHARACTERISTIC PROTECTED BY STATE, FEDERAL OR LOCAL LAW, ASSUMING SAID CHARACTERISTIC DOES NOT INTERFERE WITH THE PERFORMANCE OF ESSENTIAL JOB FUNCTIONS. REASONABLE ACCOMMODATIONS WILL BE MADE FOR DISABILITIES AND RELIGIOUS BELIEFS. PLEASE INFORM US OF ANY NECESSARY ACCOMMODATIONS TO THE APPLICATION PROCESS.

(PLEASE PRINT)

| | | | |
|-------------------|-------------------|-------------------------|----------|
| Last Name | First Name | Middle Name | |
| Address | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | Additional Phone Number | |
| Email Address | | | |

| | | |
|-----------------------------|---------------------|-------------|
| Position(s) Applied For | Date of Application | |
| How Did You Learn About Us? | | |
| Advertisement | Friend | Inquiry |
| Employment Agency | Relative | Other _____ |

Best time to contact you at home is: _____:_____ a.m. p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

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APPLICATION FOR EMPLOYMENT (Continued)

Are you legally permitted to work in the United States? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date available for work _____ What is your desired salary range? _____
 Are you available to work: Full Time _____
 Part Time (Please indicate Mornings / Afternoon) _____
 Temporary (Please indicate dates available _____ to _____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you willing to take drug tests at the Company's request? Yes No

Have you ever gone by a name other than the one listed above? Yes No

If yes, please list: _____

EDUCATION

| School | Name and Address of School | Course of study | Years Completed | Diploma / Degree |
|-------------------------|----------------------------|-----------------|-----------------|------------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate / Professional | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin disabilities or other protected status.

| Employer | Dates Employed | | Work Performed |
|----------------------------|---|-------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

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APPLICATION FOR EMPLOYMENT (Continued)

| | | | |
|----------------------------|--------------------|-----------------|----------------|
| Employer | Dates Employed | | Work Performed |
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | May we contact? | |
| Reason for Leaving | | May we contact? | Yes No |
| Reason for Leaving | | May we contact? | Yes No |
| Reason for Leaving | | May we contact? | Yes No |
| Reason for Leaving | | May we contact? | Yes No |

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APPLICATION FOR EMPLOYMENT (Continued)

| Employer | Dates Employed | | Work Performed |
|----------------------------|--------------------|-----------------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | Hourly Rate/Salary | | |
| | Starting | Final | |
| Starting/Present Job Title | | | |
| Supervisor | | | |
| Reason for Leaving | | May we contact? | |

Comments: Include explanation of any gaps in employment.

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Describe any specialized training, apprenticeship, skills and extra training.

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Describe any job-related training received in the United States military.

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List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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ADDITIONAL INFORMATION

You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation or other protected status.

Other qualifications: *Summarize special job-related skills and qualifications acquired from employment or other experience.*

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SPECIALIZED SKILLS (Skills/Equipment Operated)

| PC/MAC | Microsoft Office | Production/Mobile | Other (List) |
|----------|------------------|-------------------|--------------|
| AutoCad | Excel | _____ | _____ |
| ArchiCad | Word Publisher | _____ | _____ |
| Adobe | Bluebeam | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application.

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Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, which or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

| Name | Phone Number | Best Time to Call | Occupation |
|------|--------------|-------------------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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APPLICATION FOR EMPLOYMENT (Continued)

APPLICANT’S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release from liability for collecting information about me and using it to make employment decisions.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this Company is of an “at will” nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

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