



## Employment Application

Applicant Information									
Full Name:						Date:			
<i>Last</i>				<i>First</i>		<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone: ( )				E-mail Address:					
Date Available:				Social Security #:				Desired Salary: \$	
Position Applied for:									
Are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work overtime and weekends?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Have you ever been convicted of, received deferred adjudication, or plead guilty or no contest to a felony or misdemeanor criminal offense (excluding minor traffic offenses)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you consent to a drug screen?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please explain criminal information:									
Education									
High School:					Address:				
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
College:					Address:				
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:				
Other:					Address:				
Did you graduate?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Certifications:				
References									
<i>Please list two professional references.</i>									
Full Name:						Relationship:			
Company:						Phone: ( )			
Address:									
Full Name:						Relationship:			
Company:						Phone: ( )			
Address:									

**Previous Employment**

Company:				Phone:	(    )
Address:				Supervisor:	
Job Title:		Starting Salary or Hourly Pay:	\$	Ending Salary or Hourly Pay:	\$

Responsibilities: \_\_\_\_\_

From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:				Phone:	(    )
Address:				Supervisor:	
Job Title:		Starting Salary or Hourly Pay:	\$	Ending Salary or Hourly Pay:	\$

Responsibilities: \_\_\_\_\_

From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company:				Phone:	(    )
Address:				Supervisor:	
Job Title:		Starting Salary or Hourly Pay:	\$	Ending Salary or Hourly Pay:	\$

Responsibilities: \_\_\_\_\_

From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Responsibilities: \_\_\_\_\_

From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**Military Service**

Branch:		From:		To:	
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Rank at Discharge:		Type of Discharge:	
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If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

*I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false or misleading information in my application or interview may be considered sufficient cause for dismissal.*

*I authorize D. L. Bandy Constructors, Inc. to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information.*

*D. L. Bandy Constructors, Inc. is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.*

Signature:		Date:	
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