

WADE & ASSOCIATES BUILDERS, INC.
Application for Employment

It is the policy of our company to provide equal employment opportunities to all qualified persons without regard to race, age, color, sex, religion, disability or marital status.

Name _____ Date _____
Last First Middle

Address _____ State _____
Street City

Zip _____

Contact Phone Number _____ Social Security Number _____

WHAT POSITION ARE YOU APPLYING FOR? _____

HOW DID YOU HEAR ABOUT IT? _____

Date available to start? _____ Minimum Salary Desired? _____

Are you currently employed? _____ May we contact your current employer? _____

Do you have a valid driver's license? YES / NO

Have you been convicted of a felony within the last 7 years? YES / NO

(NOTE: Conviction will not necessarily disqualify applicant from employment.) If yes, please explain:

EDUCATION

High School: _____ Years completed? _____

College/University: _____ Years completed? _____

Other Education/Training/Apprenticeship/Skills? _____

List your most recent employers beginning with your most current position (Include Self-Employment)

1) Employer: _____

Address: _____

Contact: _____ Telephone: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Position/Title: _____

Duties & Responsibilities: _____

Reason for Leaving? _____

2) Employer: _____

Address: _____

Contact: _____ Telephone: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Position/Title: _____

Duties & Responsibilities: _____

Reason for Leaving? _____

3) Employer: _____

Address: _____

Contact: _____ Telephone: _____

Dates Employed: From _____ To _____

Hourly Rate/Salary: Starting _____ Final _____

Position/Title: _____

Duties & Responsibilities: _____

Reason for Leaving? _____

REFERENCES

1) Name: _____ Telephone: _____

Address: _____

How does this person know you? _____

2) Name: _____ Telephone: _____

Address: _____

How does this person know you? _____

3) Name: _____ Telephone: _____

Address: _____

How does this person know you? _____

Applicant's Statement:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____