



**CONNERS CONSTRUCTION CO INC.
APPLICATION FOR EMPLOYMENT**

FILL OUT APPLICATION COMPLETELY, IF QUESTIONS ARE NOT APPLICABLE, ENTER N/A. DO NOT LEAVE QUESTIONS BLANK. WE MUST HAVE THREE VERIFIABLE REFERENCES.

NAME _____ SOCIAL SECURITY NO: _____ - _____ - _____
(LAST) (FIRST) (MIDDLE)

MAILING ADDRESS _____ PHONE () _____ - _____

E-MAIL ADDRESS _____ DOB _____

List any other names used if different from name on this application _____

List exact title of position/type of work and location for which you wish to apply _____

Do you have any relatives working for Connors Construction? If so, list names and relationship: _____

Please Circle one: Full-Time Part-Time Summer Temp/Project Date Available: _____

Are you willing to work hours other than 8:00 am - 5:00 pm? _____

What days are you willing to work? _____

Are you willing to travel? _____ If yes, what percent of the time? _____

Current Driver's License # (if required for position) _____ State: _____

Are you at least 17 years of age? _____

Geographic preference: (be specific to city/area, if no preference write statewide)

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY CHARGE, OR SUBJECTED TO DEFERRED ADJUDICATION ON A FELONY CHARGE? _____ YES _____ NO. IF YOUR ANSWER IS "YES", EXPLAIN IN THE BLANK SECTION OF THE LAST PAGE OF THE APPLICATION GIVING THE DATES AND NATURE OF THE OFFENCE, AS WELL AS LOCATION OF THE COURT AND DISPOSITION OF THIS CASE(S). A CONVICTION MAY NOT DISQUALIFY YOU, BUT A FALSE STATEMENT WILL.

EDUCATION: (Applicants may be required to provide proof of diploma, degree transcripts, licenses, certifications, and registrations) Highest grade level completed: _____

Did you graduate from High School or receive a GED? _____ YES _____ NO

Name of College or University Attended: _____ Dates Attended: _____

Date Graduated: _____ Major/Minor Fields of study: _____

CONNERS CRUSHED STONE IS AN EQUAL OPPORTUNITY EMPLOYER

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification _____ Date Issued _____ Date Expires _____
Issued by/Location of issuing authority (State or other) _____ License # _____

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing and graphics equipment, computer equipment, types of software and hardware, etc. (Attach additional page if necessary)

Approximately how many words per minute do you type? _____

Do you speak or write a language other than English? (If required for this position) _____ YES _____ NO

If yes, what languages? _____

Have you been employed by the State of Texas? _____ YES _____ NO

Are you currently employed by the State of Texas? _____ YES _____ NO

If you have previously been employed by the State of Texas, list the agency/agencies: _____

MILITARY SERVICE (a copy of a report of separation from the Armed Services may be required)

Are you a Veteran? _____ YES _____ NO Are you a surviving orphan of a veteran? _____ YES _____ NO

If yes, complete dates of service for veteran: (From/To): _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED.

1. I certify that all the information provided by me in connection with my application whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire, or if hired, termination.
2. I understand that as a condition of my employment, I will be required to provide legal proof of authorization to work in the United States.
3. I understand that the State of Texas requires all males who are 18 through 25, and required to register with Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation, or other organizations for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by the application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I am applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 552a Section 7(b).
7. I authorize Connors Construction to obtain all information necessary to run a criminal background search.
8. I authorize Connors Construction to perform pre-employment, random, and probable cause drug testing.

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. **Include ALL employment. Begin with your current or last position and work back to your first.**
2. **Employment history should include each position held, even those with the same employer.**
3. **EMPLOYER ADDRESS MUST BE COMPLETE WITH MAILING ADDRESS, INCLUDING ZIP CODE.**
4. **Give a brief summary of the technical, and if appropriate, the managerial responsibilities of each position you have held.**
5. **For supervisory/managerial positions, indicate the number of employees you supervised.**

If you need additional space to adequately describe your employment history, you may use this employment history sheet, or attach a typed employment history providing the same format as this application form.

Name: _____ Social Security # _____

LAST

FIRST

MIDDLE

Position Title _____ Supervisor Name & Title: _____

Employer: _____ Supervisor telephone #: _____

Mailing Address: _____ If Supervisory, # of employees supervised: _____

City & State/Zip: _____

Employers Telephone #: (____) ____-_____

Starting Date: _____ End Date: _____ Current/Final Salary: \$ _____

Summary of experience:

Specific reason for leaving:

Position Title _____ Supervisor Name & Title: _____

Employer: _____ Supervisor telephone #: _____

Mailing Address: _____ If Supervisory, # of employees supervised: _____

City & State/Zip: _____

Employers Telephone #: (____) ____ - _____

Starting Date: _____ End Date: _____ Current/Final Salary: \$ _____

Summary of experience:

Specific reason for leaving:

Position Title _____ Supervisor Name & Title: _____

Employer: _____ Supervisor telephone #: _____

Mailing Address: _____ If Supervisory, # of employees supervised: _____

City & State/Zip: _____

Employers Telephone #: (____) ____ - _____

Starting Date: _____ End Date: _____ Current/Final Salary: \$ _____

Summary of experience:

Specific reason for leaving: