

# J & M General Contracting

## Application for Employment

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE (DD-MM-YYYY)
STREET ADDRESS			HOME PHONE
CITY	STATE	ZIP	MOBILE

### EMPLOYMENT INFORMATION

POSITION APPLYING FOR	DATE YOU CAN START	WILLING TO WORK ON WEEKENDS
ARE YOU LEGALLY AUTHORIZED TO WORK? (INCLUDE ANY DOCUMENTS TO THIS APPLICATION) <input type="checkbox"/> YES <input type="checkbox"/> NO		ROLE TYPE REQUEST <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME

### TRAINING INFORMATION

EPA RRP	TESTING DATE	EXP. DATE	CERTIFICATE COPY ATTACHED <input type="checkbox"/>	CERTIFICATE NUMBER
EPA CERTIFIED FIRM	NAME ON CERTIFICATE	EXP. DATE	CERTIFICATE COPY ATTACHED <input type="checkbox"/>	CERTIFICATE NUMBER
LEAD ABATEMENT CONTRACTOR LICENSE	NAME ON LICENSE	EXP. DATE	CERTIFICATE COPY ATTACHED <input type="checkbox"/>	LICENSE NUMBER
LEAD ABATEMENT FOR WORKERS	NAME ON LICENSE	EXP. DATE	CERTIFICATE COPY ATTACHED <input type="checkbox"/>	LICENSE NUMBER

### PREVIOUS EMPLOYMENT

<b>1</b>	EMPLOYER / COMPANY	DATES EMPLOYED	POSITION	
	JOB DUTIES	REASON FOR LEAVING		PAY
<b>2</b>	EMPLOYER / COMPANY	DATES EMPLOYED	POSITION	
	JOB DUTIES	REASON FOR LEAVING		PAY
<b>3</b>	EMPLOYER / COMPANY	DATES EMPLOYED	POSITION	
	JOB DUTIES	REASON FOR LEAVING		PAY

### REFERENCES

NAME	COMPANY	PHONE NUMBER	RELATIONSHIP WITH THIS PERSON
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*By signing, I hereby certify that the above information is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.*

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE