

# Employment Application



**Owens  
Construction  
Incorporated**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

**(PLEASE PRINT)**

<b>A</b>	Position(s) Applied For		Minimum Salary Required		Date of Application												
	How Did You Learn About Us?																
	<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-In												
	<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____												
	<table border="1"> <tr> <td colspan="2">Last Name</td> <td colspan="2">First Name</td> <td colspan="2">Middle Name</td> </tr> <tr> <td>Address</td> <td>Number</td> <td>Street</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>						Last Name		First Name		Middle Name		Address	Number	Street	City	State
Last Name		First Name		Middle Name													
Address	Number	Street	City	State	Zip Code												
Telephone Number(s)				Social Security Number													

<b>B</b>	Does anyone in your immediate family work here? If yes, list name(s), relationship(s), and department(s).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, give date		_____	
	Have you ever been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, give date		_____	
	Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Proof of citizenship or immigration status will be required upon employment.			
	On what date would you be available for work?		_____	
	Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
	Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can you travel if a job requires it?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you ever been convicted of any violation, misdemeanor, or felony as an adult (over the age of 18)? If yes, please explain, including date(s)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Employment Experience

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

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

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

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C		EDUCATION:	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE/ PROFESSIONAL
EDUCATIONAL RECORD	1	NAME AND LOCATION OF SCHOOL				
	2	YEARS COMPLETED (CHECK)	5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
	3	DIPLOMA/DEGREE YEAR RECEIVED				
	4	MAJOR FIELD OF STUDY				
	5	AREA(S) OF SPECIALIZED TRAINING:				
	6	TITLE OF THESIS AND SPECIAL RESEARCH PROJECT(S):				
	7	HONORS RECEIVED:				
	8	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:				
	9	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:				
	10	SHORTHAND <input type="checkbox"/> YES <input type="checkbox"/> NO      WPM:		11	TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO      WPM:	
List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i> 1. _____ _____ _____ 2. CURRENT HOBBIES, INTERESTS, OR FAVORITE RECREATION						

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.		
	Address	Phone #
1. _____		
2. _____		
3. _____		

D		1.	2.
ADDITIONAL INFORMATION	3.	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	4. WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	5.	ADDITIONAL COMMENTS	

## PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

<b>E</b>     <b>ACKNOWLEDGEMENTS</b>	1.	I certify that the answers given herein are true and complete to the best of my knowledge.	
	2.	I authorize investigation of all statements contained in this employment application as may be necessary in arriving at an employment decision.	
	3.	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.	
	4.	I understand that this application is the property of the employing organization. This application must be signed and dated before I will receive consideration for employment.	
	5.	Signature (Please sign - Do not type or print)	6.

NOTE: A Resume may be attached to the application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For: _____	
_____	
	Date _____

NOTES:

Received by: \_\_\_\_\_