

Davis Custom Builds, LLC
Employment Application

It is our policy to comply with all applicable state and federal guidelines prohibiting discrimination in employment based on race, religion, national origin, disability, or other protected classification.

Please carefully read and answer all questions. You will not be considered for employment if you fail to answer all questions. Please also attach a recent resume and three references not related to you.

For office use only:

Department:

Position Applying for:

Department Supervisor:

Date of Hire:

Personal Data:

Name (last, first, middle):

Date of birth:

SSN:

Phone Number:

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☐ Home

☐ Cellphone

Do you have a valid driver's license?

☐ Yes

☐ No

Do you have working and reliable transportation?

☐ Yes

☐ No

Do you have a high school diploma?

☐ Yes

☐ No

Salary Desired

☐ Hourly

☐ Bi - weekly

Day available to start:

Position Information:

☐ Full - time

☐ Part - time

☐ Prn

☐ Seasonal

Are you authorized to work in the US on an unrestricted basis?

☐ Yes

☐ No

Have you ever been convicted of a felony? (*Convictions will not necessarily disqualify applicant for employment.*)

☐ Yes

☐ No

If yes, please explain:

Have you been told the essential functions of the job or viewed a copy of the job description listing the essential functions of the job?

☐ Yes

☐ No

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Are you able to perform the essential functions of the job without reasonable accommodation?

☐ Yes

☐ No

Qualifications - Please list any education or training related to the position applied for that would help you perform job duties, such as schools, colleges, degrees, vocational, technical, or military training.

School Name

Degree

Address (city/state)

School _____
School _____

Special Skills - List any skills or expertise that would help you in the position you are applying for:

Work History - Starting with your most recent employer, include paid and unpaid positions

Job Title	Start Date	End Date
_____	_____	_____
Company Name	Supervisor Name	Phone Number
_____	_____	(____)_____

Duties: _____

Reason for Leaving: _____

May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job Title	Start Date	End Date
_____	_____	_____
Company Name	Supervisor Name	Phone Number
_____	_____	(____)_____

Duties: _____

Reason for Leaving: _____

May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Job Title

Start Date

End Date

Company Name

Supervisor Name

Phone Number

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Duties:

Reason for Leaving:

May we contact this employer?

☐ Yes

☐ No

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability.

The employer may contact any listed references on this application. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Today's Date