

Date: _____



Employment Application- General

			Applicant Info	ormation			
Full Name:							
	Last			First			M.I.
Address:				•			1
	Street Address					Apart	ment/Unit #
City			<u> </u>	<u> </u>	State	ZIP (ode
Home Phone	e:		Email	:			
Cell Phone:							
=mergency C	Sontact Inform	nation (Name):					
Relationship	to you:	1	Ph	one Numbe	er:		
			Position App	lied For	Danimad	Salam o	
Position Des					Desired S	Salary:	
Type of Emp desired:	oloyment	Full time	Part	time 🗌		Tempo	rary 🗌
Available da	ys / hours				Are you able	to TRAVEL? [☐ YES ☐ NO
Are you ava	ilable for ove	YES 🗆	NO [
Are you ove	r age 18?	YES 🗌	NO [
Are you able	to perform	the essential fund		or which y	ou are applyi	ng? YES 🗌	NO □
f no, please	describe fu	nctions that cann	ot be performed:				
Date Availab	ole to start:		Social			Date of	
			Security No.	:		Birth:	
Driver's Lice	ense #		State:			Expiration Date:	
s license cur	rent YES	NO		Do you	have a CDL?		IO
Have you eve	er been denie	ed a license or perr	mit to operate a m	otor vehicle	? YES	NO L	
Has any Lice	nse or permi	t ever been susper	nded or revoked?	YES	NO		
f yes please	explain:						
Are you a c United State	itizen of the	YES	NO	If no, are Circle or		ed to work in	the U.S.?
How were y	ou referred	Advertisement	t Employee		yment Agency	Walk-in	Other
10	us r						
Do you have any relatives or friends YES NO Relationship/ employed by this company? □ □ Name							
	er been con ve pending,		YES	NO			
	*An affirmat	ive answer will no	ot necessarily res	ult in disqu	ualification for	r employment	*
f yes, expla	in:						





The Following 5 questions are Optional: Do you belong to a Union? If so, which one? ☐ No Yes Are you a Veteran? Yes No Vietnam? Other Campaign? Yes No Yes No Yes No Have you obtained any skills or abilities as the result of service in the military? Yes No If Yes, please describe: Education High School: Address: YES NO From: To: Did you graduate? Diploma: Address: College: YES NO Did you graduate? From: To: Degree: Address: Other: YES NO Did you graduate? From: To: Degree: Skills Do you speak, write or understand any foreign language? Yes □ No If yes, which language(s)? Can you Operate a Computer? □ No Types of Software: List other office machines you can operate: Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?



				Employme				
ln addition, ր applying (e.ç	oleas J. vol	or all employment with e indicate any other ex unteer experience, mi f extra space is neede	xperience that you litary service, expe	believe is re	elevant to	he position fo	r which you are	er.
Company:						Phone:		
Address:						Supervisor:		
Job Title:			Starting	Salary: \$		Ending Sa	alary: \$	
Specific Duti	es:							
From:		То:	Reason t	for Leaving:				
What is the r	nost	important skill you den	nonstrated on the j	ob?				
						T		
Mav we cont	act tl	nis supervisor for a ref	erence?	YES	NO			
		YES	NO			l		
Is this your c	urrer	it employer?	Ш					
Company:						Phone:		
Address:						Supervisor:		
Job Title:		Starting Salary:\$			Ending Sa	alary:\$		
Specific Duti	es.		Ctarting	Odiai y. \psi		Litaing of	alai y . \psi	
Opcomo Dan	.							
From:		То:	Reason t	for Leaving:				
	nost	important skill you den						
				<u></u>				
				YES	NO			
May we cont	act th	nis supervisor for a ref YES	erence? NO					
Is this your o	urrer							
						T T		
Company:						Phone:		
Address:						Supervisor:		
Job Title:			Starting	Salary: <mark>\$</mark>		Ending Sa	alary: \$	
Specific Duti	es:							
From:		То:		for Leaving:				
What is the r	nost	important skill you den	nonstrated on the j	ob?				
YES NO								
May we contact this supervisor for a reference?								
Is this your o	urrer	YES	NO					
io uno your c	-GITCI	it omployer:	<u> </u>					



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Re		100	COS	S
N 44	1.00		100	

Please list	three professional/ personal references – please list at least 2 not relati	ed to you	,
	· · · · · · · · · · · · · · · · · · ·		'
Full Name:	Rela	ationship:	
Company:		Phone:	
Address:			
Full Name:	Rela	ationship:	
Company:		Phone:	
Address:			
Full Name:	Rela	ationship:	
Company:		Phone:	
Address:			
	Disclaimer and Signature		
	(Initial each numbered item as read)		
1.	The information that I have provided on this application is accurate to the be verified by the company or its agents.	best of m	ny knowledge and may
2.	I authorized all the schools, persons and organizations named in this app information in their possession or knowledge to the agents of the compan not to offer me employment and specifically waive any required notification Company, my former employers and all other persons from any claims, do for in any way related to such inquiry or disclosure.	y, for use on. I here	in deciding whether or by release the
3.	I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.		
4.	I understand and agree that the employment for which I am making applic at-will and such employment may be terminated at any time with or without either myself or the Company. There will be no agreement, expressed or and me for any specific period of employment, nor for continuing or long to in writing, signed by an authorized representative of the Company.	ut cause, implied,	without prior notice, by between the Company
5.	I have placed my signature in the space provided below only after I have best of my ability and have carefully read the foregoing four (4) statement		d the entire form to the
If this appli	t my answers are true and complete to the best of my knowledge. cation leads to employment, I understand that false or misleading informate result in my release.	mation in	my application or
Signature:		Date:_	



(Signature of Applicant)

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From:	, Cook & Sons Construction, LLC
(Name of Requester)	
To:	Date
(Former Employer)	
	has made application to this company for
(Applicant)	
A position as	and states that he/she was
(Position Applied For)	
Employed by you as	from
(Past Position) (Start Date)	
To	
End Date)	
Please reply to the inquiry below in respect to	o this applicant. Your reply will be held in strict
confidence and will in no way involve you in a	ny responsibility. For your convenience to reply
by return mail, we have enclosed a self-addre	essed stamped envelope.
1. Is the employment record with your company of	orrect as stated above?
2. What kind(s) of work did the applicant do?	
3. Did the applicant drive motor vehicles for you?	Passenger car Straight truck
o. Did the applicant and moter vernoles for you.	- addenger dar draight track
Bus Tractor-Semitrailer O	ther (specify)
Bus Tractor-SemitrailerO 4. was the applicant a safe and efficient driver? _	
5. Give the dates of vehicle accidents in which he	
	·
6. Reason for leaving your employ: Discharged _	Laid off Resigned
Remarks	
7. Was the applicant's general conduct satisfacto	ry?
	ght?
9. Did the applicant drink any alcoholic beverages	s while on duty?
Excellent Good Fair Poor Very Poor	
Quality of work	
Cooperation with others	
Safety Habits	<u> </u>
Personal nabits	
Driving Skill	_ <u></u>
Attitude	
Remarks:	
Name of Company	
	Date:
(Name of Former Employer)	
You are hereby authorized to give to Cook & Sons	
	d conduct while in your employ, and you are released
from any and all liability which may result from fur	nishing such information to the above named
company.	



RELEASE OF DRIVING RECORD INFORMATION

The undersigned employee/prospective employee (please print):
Hereby requests Farm Bureau Insurance Company to release a copy of my driving record to Cook & Sons Construction, LLC. For purposes of verifying the accuracy of same.
NAME (exactly as shown on Driver License)
Date of Birth:
Driver License Number
State of Issue
Sign:
Please print name here:
Date: