

APPLICATION for EMPLOYMENT
Joe Bland Construction, L.P.

Please Print

Position applied for _____ Date of application _____

Name _____ Social Security # _____ - _____ - _____
 Last **First** **Middle**

Telephone (____) _____ Cell# (____) _____ E-Mail Address _____

Address _____
 Address City State Zip Code

(How did you hear about us?) _____

Date of Birth Month _____ Day _____ Year _____

Have you ever been employed at Joe Bland Construction? ___yes ___no if **yes**, give dates and supervisors

Are you legally eligible for employment in this country? ___yes ___no

Date available for work ____/____/____ what is your desired salary \$____Hr.

Driver's license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? ___yes ___no

If **yes**, please provide date(s) and details _____

EEO APPLICANT DATA

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. Solely to help us comply with government record keeping reporting and other legal requirements, we request that you also fill out this tear-off sheet.

This data is for periodic government reporting and will be kept in a confidential file separate from your Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(PLEASE PRINT)

Name _____ Phone () _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code
Date _____

Position(s) Applied For _____
Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Walk-In
___ Employment Agency ___ Other _____

Check one: ___ Male ___ Female

Check one: ___ White ___ Black ___ Hispanic
___ American Indian/Alaskan Native ___ Asian/Pacific Islander

EMPLOYMENT HISTORY *Starting with your most recent employer, provide the following information:*

Employer _____ Telephone # _____

Dates employed: Mo. _____ Yr. ___ to Mo. _____ Yr. ___

Street address _____ City _____ State _____

Starting Wage: _____ (hourly or salary?) _____

Starting job title _____ Final job title _____

Final Wage: _____ (hourly or salary?) _____

Immediate supervisor and title _____

May we contact for reference? ___yes ___no ___later

Why did you leave

Employer _____ Telephone # _____ Dates

employed: Mo. _____ Yr. ___ to Mo. _____ Yr. ___

Street address _____ City _____ State _____

Starting Wage: _____ (hourly or salary?) _____

Starting job title _____ Final job title _____

Final Wage: _____ (hourly or salary?) _____

Immediate supervisor and title _____

May we contact for reference? ___yes ___no ___later

Why did you leave? _____

Employer _____ Telephone # _____ Dates
employed: Mo. _____ Yr. ___ to Mo. _____ Yr. ___

Street address _____ City _____ State _____ Starting
Wage: _____ (hourly or salary?)

Starting job title _____ Final job title _____ Final
Wage: _____ (hourly or salary?)

Immediate supervisor and title _____ May we
contact for reference? ___yes ___no ___later

Why did you leave?

Employer _____ Telephone # _____ Dates
employed: Mo. _____ Yr. ___ to Mo. _____ Yr. ___

Street address _____ City _____ State _____ Starting
Wage: _____ (hourly or salary?)

Starting job title _____ Final job title _____ Final
Wage: _____ (hourly or salary?)

Immediate supervisor and title _____ May we
contact for reference? ___yes ___no ___later

Why did you leave?
