



APPLICATION FOR EMPLOYMENT

Position Applied For

Date of Application

First Name

M. Initial Last Name

Date of Birth

Email Address:

Street Address

City/State

SS#

Home Phone

Emergency Contact & Phone

Are you known to schools/references by another name? ☐ Yes ☐ No Name: _____

Are you able to work - ☐ Full Time? ☐ Part Time?

Do you have relatives employed by Chad Fisher Construction, LLC? ☐ Yes ☐ No

If yes, Name of Relative: _____ Relationship: _____

Do you possess a valid driver's license? ☐ Yes ☐ No License No. _____ State _____

Have you ever been convicted of a felony or served time in prison during the last 7 years? ☐ Yes ☐ No

If yes, explain each conviction on an attached sheet and include date, charge, place. (A conviction is not an automatic bar to employment. Each case is considered separately.)

After reviewing the essential functions from the job description, are you able to perform them with or without reasonable accommodation? ☐ Yes ☐ No

EDUCATION

Name of High School Attended

City/State

Graduated?

G.E.D.?

☐ Yes ☐ No

☐ Yes ☐ No

College/Trade School-Names of Colleges or Universities

Major

Dates Attended

Degree

List any vocational or on-the-job training you have completed that would be useful in this position.

List any licenses you hold which are necessary or useful in this position.

Please give name, and telephone number of three personal references not related to you.

EMPLOYMENT HISTORY

Start with you present or last job first and work backward. Include military service and periods of unemployment of 3 months or more. Be as complete as possible in outlining the duties of each position.

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: ()	
Employed From:	To:
	Hrs/Week:
May we contact this employer?	Reason for Leaving:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: ()	
Employed From:	To:
	Hrs/Week:
May we contact this employer?	Reason for Leaving:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: ()	
Employed From:	To:
	Hrs/Week:
May we contact this employer?	Reason for Leaving:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employed by:	Your Duties:
Address:	
City/State:	
Your job title:	
Supervisor's Name/Title:	
Supervisor's Phone: ()	
Employed From:	To:
	Hrs/Week:
May we contact this employer?	Reason for Leaving:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach supplemental sheets, if needed.

AUTHORIZATION

- I authorize Chad Fisher Construction, LLC at the time of my application for employment and during the course of employment to verify information contained in this application as it relates to the position for which I am being considered, or in which I may be employed.
- I certify my statements in this application are true, complete and correct to the best of my knowledge and belief I understand that any falsification or omission of information may remove my name from the eligibility list, or if I have been hired, cause my dismissal from Chad Fisher Construction, LLC. I understand that all statements made on this application may be investigated.
- Federal Law requires anyone employed by Chad Fisher Construction, LLC., to present proof of identity and proof of authorization to work in the United States. I understand that I must be able to prove this authorization.
- I understand that any offer of employment is contingent upon my agreeing to submit to and obtain satisfactory results from a pre-employment urine drug screen.

Date: _____ Signature: _____