



## APPLICATION FOR EMPLOYMENT

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

First Name	M. Initial	Last Name	Date of Birth	
Email Address:				
Street Address	City	State	Zip	SS#
Phone (Home)		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 Number \_\_\_\_\_  
 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
College/Trade School – Names of Colleges or Universities		Major	Dates Attended From _____ To _____	
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 No.: ( )	
Employed From: To:	
Final Salary: Hrs/Week:	Reason for Leaving:
May we contact this employer? <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 No.: ( )	
Employed From: To:	
Final Salary: Hrs/Week:	Reason for Leaving:
May we contact this employer? <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 No.: ( )	
Employed From: To:	
Final Salary: Hrs/Week:	Reason for Leaving:
May we contact this employer? <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 No.: ( )	
Employed From: To:	
Final Salary: Hrs/Week:	Reason for Leaving:
May we contact this employer? <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: \_\_\_\_\_

\_\_\_\_\_