

# EMPLOYMENT APPLICATION

POSITION: \_\_\_\_\_

SALARY REQUIREMENTS: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_



**GENERAL CONTRACTOR**

**EST. 1973**

The information requested in this application is intended to obtain the information W.L. McNatt & Company (the "Company") needs to determine whether you meet the requirements for the position for which you are applying. The Company is an equal opportunity employer that recruits, hires, trains, and promotes in all job titles without regard to race, color, creed, national origin, gender, pregnancy, [sexual orientation or preference ], marital status, sex, religion, age, military status, or disability or handicap.

Have you ever applied for a position with the Company?

Yes  No  If yes, please answer the following:

Position: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Have you ever worked for the Company?

Yes  No

If yes, please answer the following:

Position: \_\_\_\_\_

Dates of Employment:

\_\_\_\_\_ to \_\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

If hired, can you provide proof you are legally entitled to work in the United States?

Yes  No

Have you ever been convicted of a felony? Yes  No

If yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup> Include this provision if a state or local law prohibits discrimination on the basis of sexual orientation or preference.

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## EDUCATION

Dates Attended		Name of School (High School, College, Other)	Course of Study (Majors and Degrees)
From	To		

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## MILITARY SERVICE DATA

Have you ever served in the U.S. Armed Forces? Yes  No

If yes, please give dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_

List special skills / abilities acquired:

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# EMPLOYMENT APPLICATION

## EMPLOYMENT HISTORY

Please list all previous employers (most recent first):

Employer's Name			Type of Firm
Employer's Address			Phone Number
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary
Employer's Name			Type of Firm
Employer's Address			Phone Number
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary
Employer's Name			Type of Firm
Employer's Address			Phone Number
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary
Employer's Name			Type of Firm
Employer's Address			Phone Number
Title	Supervisor	Date Started	Date Left
Reason for Leaving			Salary

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<b>REFERENCES</b>
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List (with address & phone numbers) the names of three persons familiar with your character, ability or education for more than one year. Please do not include friends or relatives.

<b>1</b>	Name	Telephone Numbers
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Address

<b>2</b>	Name	Telephone Numbers
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Address

<b>3</b>	Name	Telephone Numbers
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Address

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THIS APPLICATION DOES NOT CONSTITUTE A WRITTEN EMPLOYMENT AGREEMENT.

IN THE EVENT THAT THE APPLICANT AGREES TO ACCEPT A POSITION WITH THE COMPANY, THE APPLICANT AGREES THAT THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND THE EMPLOYEE IS AN AT-WILL RELATIONSHIP AND THAT THE EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR THE EMPLOYEE.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT. IF THE COMPANY DETERMINES THAT ANY OF THE INFORMATION SUBMITTED IN THIS APPLICATION IS FALSE, I SHALL BE IMMEDIATELY DISQUALIFIED FROM CONSIDERATION FOR EMPLOYMENT AND/OR DISCHARGED FROM EMPLOYMENT IN ACCORDANCE WITH COMPANY POLICY.

I HEREBY GRANT PERMISSION TO THE COMPANY TO INVESTIGATE THE INFORMATION CONTAINED IN THIS APPLICATION AND RELEASE THE COMPANY AND ANY LIABILITY RELATING TO ANY INVESTIGATION OF THE INFORMATION CONTAINED IN THIS APPLICATION.

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Name of Applicant

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Signature

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Date