

APPLICATION FOR EMPLOYMENT AT PUETZ DESIGN BUILD

THIS APPLICATION IS GOOD FOR 60 DAYS

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMODATION TO THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD IMPOSE AN UNDUE HARDSHIP. PLEASE LET US KNOW IF YOU NEED AN ACCOMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

IMPORTANT: For this application to be considered, this must be in the original form and all questions must be answered. (If a question does not apply, please mark "N/A", not applicable)

Applicants are considered for all positions and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

PLEASE PRINT

Name: _____
Last Middle First

Address: _____
Number Street City State Zip

Telephone: (_____) _____ Social Security Number: _____

Date of Application: _____

Position(s) Applied For: _____

Referral Source: _____ Advertisement _____ Friend _____ Relative _____ Walk-In _____ Employment Agency _____ Other _____

Have you filed an application here before? Yes No if yes, give date _____

Have you ever been employed here before? Yes No if yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No All past employers? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? _____

Expected salary: _____

Are you available to work: _____ Full-time _____ Part-time _____ Temporary

What days? S M T W T F S

Are you on lay-off and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will be considered.)

If yes, explain _____

Veteran of the U.S. Military Service? Yes No If yes, Branch _____

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, disability or national origin): _____

Driver's License Number and State _____ Any moving violations Yes No

Please describe _____

How did you get your present job? _____

Have you had supervisory responsibility? Yes No

In what roles? (Be specific, including number supervised) _____

WORK HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

1. Employer	Dates		Work Performed
	From	To	
Address			
Phone	Hrly. Rate/Salary		
	Starting	Final	
Job Title			Reason for Leaving
Supervisor			
2. Employer	Dates		Work Performed
	From	To	
Address			
Phone	Hrly. Rate/Salary		
	Starting	Final	
Job Title			Reason for Leaving
Supervisor			
3. Employer	Dates		Work Performed
	From	To	
Address			
Phone	Hrly. Rate/Salary		
	Starting	Final	
Job Title			Reason for Leaving
Supervisor			

EDUCATION

Elementary School

High School

Vocational/
College

Graduate/
Professional

School Name & Location

Years Completed

4 5 6 7 8

9 10 11 12

1 2 3 4

1 2 3 4

Diploma:

Describe Course of Study:

Describe any specialized training, apprenticeship, skills, and extracurricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful to us in considering your application:

Do you have a current craft license or certification if one is required for your craft? Yes No

If yes, identify _____

Do you have your own tools? Yes No if yes, what tools do you have?

What types of construction equipment can you operate? _____

REFERENCES

Give name, address, and telephone number of three references that are not related to you and are not previous employers.

1.	_____ () _____	_____
	(Name)	Phone #

	(Address)	
2.	_____ () _____	_____
	(Name)	Phone #

	(Address)	
3.	_____ () _____	_____
	(Name)	Phone #

	(Address)	

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The company may investigate all statements contained in this application and I understand that any false or misleading information provided may result in my immediate discharge. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN THE COMPANY AND MYSELF IS TERMINABLE AT WILL. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug and alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education, and job-related activities and I release from all liability all persons, companies and corporations supplying such information. I also indemnify this Company against any liability which might result from making such an investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date