

Established in 1993

S₂M Construction Co., Inc.

Concrete is our Business

Application for Employment

We are required by federal law to hire only legal workers. If hired, you will be required to demonstrate that you meet the stipulations of the law. At the same time, we do not discriminate on the basis of race, religion, national origin, color, sex, age or handicap. It is our intention that all applicants be given an equal opportunity and the selection decisions are based on job related factors.

Position applied for:

Years of Experience:

Date:

Name:

Social Security Number:

Address:

City, State, Zip Code:

Phone:

Email:

Have you filled an application or been employed with S₂M before?

If yes, date:

How did you hear about the position?

On what date can you start working if you are hired?

IN CASE OF EMERGENCY, PLEASE NOTIFY		
Name	Address	Area Code & Phone Number

Personal Information

Are you at least 18 years of age?

Date of birth:

Are you a U.S. Citizen or approved to work in the United States?

What Documents can you provide as proof of Citizenship or Legal Status?

Are you a member of the Armed Services?

What branch of the military did you enlist?

What was your military rank when discharged?

How many years did you serve in the military?

Reserve Status:

In which states have you lived during the past 7 years?

List any assumed names you have used:

Do you have a valid driver's license?

License No:

Type:

State:

References

Give three references, not relatives or former employer:

Name	Address	Telephone	Occupation

Medical

Do you have any physical or mental conditions which may affect job performance or safety?

If yes, Explain:

Have you been admitted to a hospital within 5 years? Have you ever been denied life or health insurance?

If yes, Explain:

Do you regularly take any prescription medication?

If yes, Explain:

Have you ever had an injury that required medical payments from Workmen's Compensation?

Have you had a work-related lost time injury?

If yes, give a brief description of that work-related lost time injury:

Have you received a Workmen's Compensation settlement for any disability?

If yes, Explain:

Would you take a physical examination if required?

Education

	Name, Address & Location of School	Highest Grade Completed	Did You Graduate?	Date of Leaving
High School or GED				
College or University				
College Major				
Degree				
College or University				
College Major				
Degree				

Additional Education or Vocational or Technical Training			
School	Courses Taken	Courses Completed	Date of Leaving

Comments Section:

Are you presently employed?

Employer Information:

If yes, may we contact your present employer?

Job Skills

If you are an experienced operator of any business machines or equipment, please list:

If you are an experienced operator of construction equipment, list equipment and length of experience:

Do you Type? Words per minute:

Do you have any other skills you wish to mention?

With your training and qualifications, please state your immediate goals, as you see them, with this company:

Work History

List the name of your employers with the current, or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give company name and supply business references.

Company Name:		Name of Last Supervisor:	
Address:	Employed	From:	To:
City, State, Zip Code:	Pay	Starting:	Final:
Telephone:	Your Job Title:	Reason for Leaving:	

Company Name:		Name of Last Supervisor:	
Address:	Employed	From:	To:
City, State, Zip Code:	Pay	Starting:	Final:
Telephone:	Your Job Title:	Reason for Leaving:	

Work History(Continued)

Company Name:		Name of Last Supervisor:	
Address:	Employed	From:	To:
City, State, Zip Code:	Pay	Starting:	Final:
Telephone:	Your Job Title:	Reason for Leaving:	

Company Name:		Name of Last Supervisor:	
Address:	Employed	From:	To:
City, State, Zip Code:	Pay	Starting:	Final:
Telephone:	Your Job Title:	Reason for Leaving:	

Acknowledgment

I understand this application is to be used to evaluate my suitability for employment. It is not an employment contract.

I certify that answers I have given are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, driving, Workmen's Compensation, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I hereby give my consent for release of any records that may be related to any work-related injury I may claim.

Signature of the Applicant:

Date: