

S₂M Construction Co., Inc.

Application for Employment

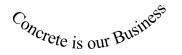
We are required by federal law to hire only legal workers. If hired, you will be required to demonstrate that you meet the stipulations of the law. At the same time, we do not discriminate on the basis of race, religion, national origin, color, sex, age or handicap. It is our intention that all applicants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

Date:

Years of Experience:

City, State, Zip Code:

Social Security Number:



Position applied for:

Name:

Address:

Phone:		Email:		
Have you filled an application or bee	en employed with S ₂ M befo	re?	If yes, date:	
How did you hear about the position	1?			
On what date can you start working	if you are hired?			
	IN CASE OF EMERG	ENCY, PLEASE NOTIFY		
Name	IIV CASE OF ENTERO	Address	Area Code &	Phone Number
	Personal I	nformation		
Are you at least 18 years of age?		Date of	birth:	
Are you a U.S. Citizen or approved to	o work in the United States	?		
What Documents can you provide a	s proof of Citizenship or Le	gal Status?		
Are you a member of the Armed Ser	rvices?			
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 us	sed:			
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

	Name	Audress	relephone	Occupation		
		Medical				
	Do you have any physical or mental co	nditions 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	

Are you presently employed?
Employer Information:

Comments Section:

If yes, may we contact your present employer?

Job Skills

If you are an experienced operato	or of any business machines or e	quipment, please li	st:	
If you are an experienced operato	or of construction equipment, lis	t equipment and le	ngth of experience	e:
Do you Type?	Words per m	inute:		
Do you have any other skills you v	vish to mention?			
With your training and qualification	ons, please state your immediate	e goals, as you see	them, with this co	mpany:
List the name of your employers v service and any periods of unemp		er listed first. Accou		
Company Name:			Name of Last Su	ipervisor:
Address:		Employed	From:	То:
City, State, Zip Code:		Pay	Starting:	Final:
Telephone:		Your Job Title:	Reason for Leav	ing:
Company Name:			Name of Last S	upervisor:
Address:		Employed	From:	То:
City, State, Zip Code:		Pay	Starting:	Final:
Telephone:		Your Job Title:	Reason for Leav	ving:

Work History(Continued)

		Name of Last Su	ipervisor:
Company Name:			
Address:	Employed	From:	То:
City, State, Zip Code:	Pay	Starting:	Final:
Telephone:	Your Job Title:	Reason for Leaving:	
Company Name:		Name of Last Su	ipervisor:
Address:	Employed	From:	То:
City, State, Zip Code:	Pay	Starting:	Final:
Telephone:	Your Job Title:	Reason for Leaving:	
Acknow I understand this application is to be used to evaluate my sui	ledgment	yment. It is not a	an employment contract
I certify that answers I have given are true and complete to investigations and inquiries of my personal, employment, history and other related matters as may be necessary employers, schools or persons from all liability in responding	, driving, Workm in arriving at an	en's Compensat employment de	ion, financial or medica ecision. I hereby release
In the event of employment, I understand that false or misl may result in discharge. I understand, also, that I am requ I hereby give my consent for release of any records th	ired to abide by a	all rules and regi	ulations of the Company
Signature of the Applicant:		Date	<u>;</u>