

FOSHEE CONSTRUCTION COMPANY, INC.

Employment Application

Applicant Note

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, physical handicap, or the presence of disabilities. A conviction will not necessarily bar applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

APPLICANT INFORMATION		APPLICATION DATE:	
Last Name		First	M.I.
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.:	Desired Salary:
Position Applied for:		Types of equipment:	What languages do you speak? English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> _____
Type of employment desired: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> temporary			
Are you able to meet attendance requirements YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have reliable transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Can you work overtime if necessary? YES <input type="checkbox"/> NO <input type="checkbox"/>		Can you travel if required by this position? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Driver's license #		State:	Type:
Have you had any moving violations within the last seven years? ___Yes ___No If yes, Please explain; _____ _____			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

Security	List states and counties of residence for the past seven (7) years: _____ _____	
Have you used any names (Alias) or Social Security Numbers other than listed above? If yes, please explain: _____ _____		
Have you been convicted of a crime in the past seven (7) years? ___Yes ___No If yes please explain below: (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of offense, remoteness of the offense, time since last conviction, and nature of the job sought and rehabilitation effort will be reviewed.)		
INCIDENT	CITY/STATE	CHARGE
1.		
2.		

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES		
<i>Please list three references. (Do not include relatives or previous employees)</i>		
Full Name	Relationship	Years known:
Company	Phone ()	
Full Name	Relationship	Years known:
Company	Phone ()	
Full Name	Relationship	Years known:
Company	Phone ()	

CERTIFICATION, RELEASE AND SIGNATURE	
<p>I certify that I have read and understand the applicant note on page one of this application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize Foshee Construction, including consumer reporting bureaus, to verify any of this information. I authorize and release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal substances prior to and during employment.</p>	
Signature	Date

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within 5 days, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the attached document.

By your signature below, you hereby authorized us to obtain a consumer report about you in order to consider you for employment.

Applicant's Name: _____

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____ - _____ - _____