



Application for Employment

Name (Last, First, Middle):			Date of Birth:		
Street Address:		City, State:		Zip Code:	
Social Security Number:	Home Phone:	Work Phone:		Other Phone:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?			
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:			

EDUCATION

Name of School	City/State	Did you graduate?	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Trade, Business or Correspondence School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.					

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position.

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Please explain any gaps in employment. Include full-time military or volunteer commitments.

<u>Dates Employed</u> From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	<u>Organization Name and Address:</u>		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

<u>Dates Employed</u> From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	<u>Organization Name and Address:</u>		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

<u>Dates Employed</u> From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	<u>Organization Name and Address:</u>		
Final Salary:			
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate	
Primary duties:		Reason for Leaving:	

<u>Dates Employed</u> From: To:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	<u>Organization Name and Address:</u>	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

REFERENCES: Give the names of three persons not related to you, whom you have known for at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>YEARS AQUAINTED</u>

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Hercon Construction, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Hercon Construction, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

Applicant Signature: _____

Date: _____