



Application for Employment An Equal Opportunity Employer

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available	Social Security No.		Desired Salary		
Position Applied for					
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	

EDUCATION

High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

SKILLS AND QUALIFICATIONS

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
---------	------------

Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
------	----	--------------------

May we contact your previous supervisor for a reference? YES NO

Which Job did you like the best and why?

MILITARY SERVICE

Branch

Rank at Discharge	From	To
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If other than honorable, explain	Type of Discharge
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

INFORMATION RELEASE FORM

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Magruder Construction Co. Inc, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Signed: _____

Date: _____

TO ALL APPLICANTS

The information below is needed to comply with state and federal laws and regulations.

The information will be used for statistical purposes only and will not appear in your application file. Submittal of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential except allowed for by the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Assistance Act of 1974.

Magruder Construction Co. Inc. is an Equal Opportunity Employer.

Please check the correct information.

Sex: Male _____ Female _____

Are you:

A Vietnam Era Veteran _____ yes _____ no

Refers to persons who served on active duty with the armed forces for more than 180 days, between August 6, 1964 and May 7, 1975.

Handicapped _____ yes _____ no

Refers to persons with a physical or mental impairment that substantially limits them in one or more major life activities. Also includes those with a history of such impairments or those regarded as having one.

A Disabled Veteran _____ yes _____ no

Refers to persons entitled to compensation through the Veterans Administration for a disability rated at 30 percent or more or whose discharge was due to a disability incurred or aggravated in the line of duty.

Ethnic Information (please check one)

_____ White _____ Black _____ Hispanic

_____ Asian or Pacific Islander _____ American Indian or Alaskan Native

Date of Birth _____

Name _____ Date _____