

Van Beek Drywall, Inc Employment Application

Date _____ Position applying for: _____

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-mail: _____

Date available to start: _____ Salary Requirements: _____

If you are under 18 years of age, can you provide a work permit? _____ If no, please explain: _____

Have you ever worked for this company? _____ If yes, when? _____

Are you legally allowed to work in the United States? _____

Type of employment desired: Full time ___ Part-time ___ Temporary ___ Seasonal ___

Have you ever pleaded guilty, no contest or been convicted of a crime? _____ If yes, give dates and details: _____

Summarize your special skills or other qualities that would make you a valuable employee: _____

REFERENCES

Name _____ Contact phone # _____

Know them from work or personal? _____ How long have you known them? _____

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PREVIOUS EMPLOYMENT (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State _____ Zip _____

Phone: _____ Supervisor _____ Your Title _____

Responsibilities: _____

Starting Salary & Title _____ Ending Salary & Title _____

Reason for leaving _____

May we contact this employer for a reference? _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State _____ Zip _____

Phone: _____ Supervisor _____ Your title _____

Responsibilities: _____

Starting Salary & Title _____ Ending Salary & Title _____

Reason for leaving _____

May we contact this employer for a reference? _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Company Name _____ Address: _____

City: _____ State _____ Zip _____

Phone: _____ Supervisor _____ Your Title _____

Responsibilities: _____

Starting Salary & Title _____ Ending Salary & Title _____

Reason for leaving _____

May we contact this employer for a reference? _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant: _____

Date: _____