Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name Last First	Applicant ID #
Address	Middle
Street	City State ZIP Code () E-mail Address
	Date of application /
Referral Source (Please check the appropriate category and list the	
Walk-in_	
Employee	Job Fair
Advertisement	Staffing Agency
Company's Website	Government Employment Agency
Other Internet	1 / 0 /
If necessary, best time to call you is : Home Cellular/Other May we contact you at work? Yes If yes, work number and best time to call:	Will you work overtime if required?
() : : If you are under 18 and it is required, can you furnish a work permit?	Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law. Yes No Need more information about the job's "essential functions" to respond Driver's license number required if driving may be required in the
Have you ever been employed here before?	Have you ever been bonded?
Are you legally eligible for employment in this country?	Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?
Date available for work	If yes , please provide date(s) and details:
What is your desired salary range or hourly rate of pay?	
\$ Per	
Type of employment desired: Full-Time Part-T Educational Co-Op Seasonal Tempo Will you relocate if job requires it?	orary other party (such as a noncompetition agreement) that might, in any
Will you relocate if job requires it? \square Yes \square Will you travel if job requires it? \square Yes \square	
If they have been explained to you, are you able to meet the attendance requirements of the position? \(\sum N/A \subseteq Yes \subseteq \)	

Employment History Starting with your most recent employer, provide the following information. Telephone # Employer Dates employed: State Compensation (Starting) City Street address Hourly Salary Starting job title/final job title \$ Commission/Bonus/Other Compensation Compensation (Final) May we contact for reference? Immediate supervisor and title (for most recent position held) No Later \$ Yes Salary Hourly Why did you leave? \$ Commission/Bonus/Other Compensation E-mail: Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Year Month Month Dates employed: to Compensation (Starting City State Street address Salary \$ Hourly Starting job title/final job title Commission/Bonus/Other Compensation \$ Compensation (Final) Immediate supervisor and title (for most recent position held) May we contact for reference? No Later Yes Salary Hourly per Why did you leave? \$ Commission/Bonus/Other Compensation E-mail: Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Employer Telephone # Dates employed: to Compensation (Starting Street address City State \$ Salary Hourly Starting job title/final job title \$ Commission/Bonus/Other Compensation May we contact for reference? Compensation (Final) Immediate supervisor and title (for most recent position held) No Later Yes Hourly Salary Why did you leave? Commission/Bonus/Other Compensation Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position? Telephone # Employer Month Dates employed: to Compensation (Starting) Street address City State Hourly Salary per Starting job title/final job title \$ Commission/Bonus/Other Compensation Compensation (Final) Immediate supervisor and title (for most recent position held) May we contact for reference? No Later Salary \$ Yes Hourly per Why did you leave? \$ Commission/Bonus/Other Compensation E-mail: Summarize the type of work performed and job responsibilities. What did you like most about your position? What were the things you liked least about the position?

Employment History (c	ontinued)		and the			
Explain any gaps in your empl	oyment, other thar	those due to perso	onal illness, ir	njury or disability	7.	
If not addressed on previous p	rage, have you ever	been fired or asked	l to resign fro	m a job?		
If yes , please explain:			-	,		
	8					
				STATE OF THE STATE		
Skills and Qualificatio Summarize any special training		Vor certificates that	may assist yo	u in performing t	he position for which	you are applyin
Summarize any special transmig	z, skins, neenses and	for certificates that	illay assist yo	d in perioriting t	ne position for which	you are apprying
				° •		
Computer Skills (Check appropri	ate boxes. Include soft	ware titles and years of	experience.)			
☐ Word Processing						Years:
☐ Spreadsheet		Years:	Other _	ž.		Years:
☐ Presentation		Years:	Other _		8	Years:
□ E-mail		Years:	Other _			Years:
Educational Backgroun	nd		Carlotte State of the State of			NAME OF THE
Starting with your most recent		ovide the following	information.			
School (in	clude City and State)		Years Completed	Complete	ed GPA Class Rank	Major/Minor
				☐ Diploma ☐ GED ☐ Degree		
				Certification		
				☐ Diploma ☐ GED ☐ Degree		
				Certification Other		
				□ Diploma □ GED □ Degree □		
				☐ Certification ☐ Other		
			☐ Diploma ☐ GED ☐ Degree			
				☐ Certification ☐ Other		
References						
List names and telephone num	bers of three busin	iess/work reference	es who are not	t related to you ar	nd are <i>not</i> previous su	apervisors.
If not applicable, list three scho	ool or personal refe			u.	- "	
Name	Title	Relationship to You		Telephone	E-mail	# of Year Known
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Social Security Numbe	r			O AND THE PARTY OF		
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Social Security Numbe	r					

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy.

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held
,	
List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, religion, sex, national origin, genetic informa national guard or any other similarly protected status.	tion, citizenship, age, mental or physical disabilities, veteran/reserve
In your current or a prior job, have you ever written instructions or directions ☐ Yes ☐ No ☐ Not Applicable	
If yes , please explain:	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.			
I certify that I have read, fully understand and accept all terms of the foregoing Applican	it Statem	ent.	
Signature of Applicant	Date		



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.



FAIR CREDIT REPORTING ACT NOTICE AND CONSENT

NOTICE TO APPLICANT:

As part of its pre-employment application screening process, Allbrite Constructors of Texas, Inc. ("Allbrite") uses a consumer or credit reporting agency to conduct personal background checks on all applicants and employees for employment and if applicable, motor vehicle checks. The information Allbrite receives from the credit reporting agency will come to the company in the form of a "consumer credit report." The consumer credit report may contain information pertaining to the applicant's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. The consumer credit report may also contain information relating to your driving record and criminal record or history going back in time.

Under the federal Fair Credit Reporting Act, as well as under some states' laws, you have certain legal rights pertaining to any consumer credit report requested by Allbrite regarding you. Before taking any adverse action regarding your application for employment, Allbrite must provide to you a summary of your legal rights under the Fair Credit Reporting Act, a copy of the consumer credit report containing any information which led to an adverse decision regarding your employment, and the name, address and telephone number of the consumer reporting agency that provided the consumer credit report.

By signing the CONSENT below, you are authorizing Allbrite to obtain a consumer credit report about you in accordance with federal and state law.

			CONSENT		
!,		(PRINT NAME), give my	consent for All	brite, to request and obta	ain a consumer credit
report rega	rding me in acco	rdance with the Fair Credi	t Reporting Act,	and any applicable state lav	w. I understand that a
consumer c	redit report ma	y contain information per	taining to my cr	edit worthiness, credit sta	nding, credit capacity,
				ing. I also understand tha	
		ation relating to my crim ecurity number will be use		istory and motor vehicle	checks if applicable. I
anderstand	that my social s	ecanty number will be used	d to access the ai	ove information.	
N					
vame:	First	Middle	Last	Maiden	
		Tridate	Last	Warden	
Date Of Birtl			Social Secu	rity Number:	
	(Mon	th/Day/Year)			
Drivers Licer	nse #:	State:	Ту	pe:	
		***************************************	.,		
Current Add	ress:				
Number	Street	City	State	Zip	
Valitibel	Street	City	State	Ζιμ	
Previous Ado	dress:				
Number	Street	City	State	Zip	
Vallibei	Jueer	City	State	ziþ	
ianod.			De	tad	



Applicant Name:	
Date:	

- 1. Are you willing to submit to a drug / alcohol check? Yes or No
- 2. Have you been convicted of a felony offense in the past 7 years? Yes or No
- 3. Have you ever worked for this company before? Yes or No
- 4. If an essential function of the job for which you are applying, are you able to lift up to 40 lbs? Yes or No
- 5. If an essential function of the job for which you are applying, are you able to stand for at least 10 hours a day? Yes or No
- 6. If an essential function of the job for which you are applying, are you willing to travel 50+% of the time? Yes or No