



APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Phone ()
	City, State, Zip			Cell Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year			Social Security #
	Position Desired:			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what hours can you work?			Are you available for overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work?
	Other special training or skills (languages, machine operation, etc.)			
	Means of Transportation:			

E D U C A T I O N	School	Name & Location	Course of Study	# of Yrs Completed	Did you Graduate?	Degree or Diploma
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business, Trade, and/or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

O T H E R	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, employment is subject to verification of age</i>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please describe in full.			
	Do you have any relatives or friends working for us? If so, please list below.				
	Name	Telephone Number	Name	Telephone Number	
References: Please do not include relatives and/or anyone listed above.					
Name	Telephone Number	Name	Telephone Number		

See reverse side for Page 2 - Employment History



EMPLOYMENT HISTORY

Start with present or most recent

1	Company Name	Telephone # ()
	Address	Employed - (Month & Year) From / To /
	Name of Supervisor	Hourly Pay Beginning Ending
	Job Title & Description	Reason for Leaving:

2	Company Name	Telephone # ()
	Address	Employed - (Month & Year) From / To /
	Name of Supervisor	Hourly Pay Beginning Ending
	Job Title & Description	Reason for Leaving:

3	Company Name	Telephone # ()
	Address	Employed - (Month & Year) From / To /
	Name of Supervisor	Hourly Pay Beginning Ending
	Job Title & Description	Reason for Leaving:

4	Company Name	Telephone # ()
	Address	Employed - (Month & Year) From / To /
	Name of Supervisor	Hourly Pay Beginning Ending
	Job Title & Description	Reason for Leaving:

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed by T-Ross Brothers Construction, Inc., I understand that any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. By signing below, I also give approval of background history checks including criminal and motor vehicle reports.

DATE

SIGNATURE