



# Application for Employment

## Personal and Confidential

### **IMPORTANT**

- Jordan Foster Construction, LLC provides equal employment opportunity for all persons without regard to race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, sexual orientation, or any other consideration protected by federal, state or local laws.
- When required by the position, you will be required to take a physical examination and/or drug and alcohol screen as a condition of employment or continued employment.
- You will be required to furnish information that would allow the company to verify your records including, but not limited to, past employment, education, driving credit, social security, and felony and serious misdemeanor convictions as a condition of employment or continued employment.
- You will be required to furnish satisfactory proof of citizenship or legal alien status in compliance with the Immigration Reform and Control ACT as a condition for employment or continued employment.

NAME \_\_\_\_\_  
Please Print

DATE: \_\_\_\_\_



Print) First Name		Middle	Last Name			
Current Address		City		ST	Zip	Yrs
Previous Address		City		ST	Zip	Yrs
Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work ( ) ( )	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work ( ) ( )	Cell: Personal <input type="checkbox"/> Work <input type="checkbox"/> ( ) ( )		E-mail:		
Social Security No:	Driver License No:		Is your license valid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Year of Expiration:		Issuing State:			
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Eligibility requires a valid work permit.						
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the functions that cannot be performed:						
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction does not guarantee employment disqualification.) Describe nature of crime(s) and where and when convicted and disposition:						

<b>Position applying for:</b>	Desired Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		Desired Shift: <input type="checkbox"/> First <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Any		Desired Pay: <input type="checkbox"/> Hour <input type="checkbox"/> Month \$		Can you work: Weekends <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No	
	On what date are you available for work?		Check the days you are available for work. Mon Tues Wed Thurs Fri Sat Sun <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			List any upcoming dates you know you cannot work.		
Have you ever applied or worked here before? Applied: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo. Year Worked: <input type="checkbox"/> Yes <input type="checkbox"/> No Mo. Year			Have you ever had a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No What Company? What position? No. of employees supervised?					

Branch of U.S. Service: <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Army <input type="checkbox"/> Marines		Was separation from military service anything other than an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Nature of duties and any Special Training and Honors received:			Date of Active Duty:		
List any skills you acquired in the service that you think might relate to the position in which you are applying.					



**Employment Record**  
Please list most recent employer first.

<b>Employment Record</b> Please list most recent employer first.					
1) Employer			Phone		
Address			Supervisor		
Job Title	Starting Salary	Ending Salary	From	To	
Work Performed					
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2) Employer			Phone		
Address			Supervisor		
Job Title	Starting Salary	Ending Salary	From	To	
Work Performed					
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3) Employer			Phone		
Address			Supervisor		
Job Title	Starting Salary	Ending Salary	From	To	
Work Performed					
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List at least three (3) non-relatives whom you have known for at least one year.

Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	(Print) Full name	Address	Phone	Profession	Yrs. Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	(Print) Full name	Address	Phone	Profession	Yrs. Known
Reference Type: <input type="checkbox"/> Personal <input type="checkbox"/> Professional	(Print) Full name	Address	Phone	Profession	Yrs. Known



School	Name and Address of School	Course of Study	Check Last Year Completed	Did you graduate?	Last Diploma or Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<input type="checkbox"/> Business School <input type="checkbox"/> Trade School <input type="checkbox"/> College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
<input type="checkbox"/> Graduate School <input type="checkbox"/> Other			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		

List all current licenses and/or areas of certification. List all equipment (office, trade, or technical) that you operate proficiently. List any training, skills, aptitudes, qualifications or other information which you feel is relevant to the type of employment you are seeking.

**Please carefully read each paragraph and sign below.**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I further understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further authorize the references I have listed to disclose to the company any and all letters, reports and other related information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such an investigation or disclosure.

Jordan Foster Construction, LLC has a condition of employment in place, called a Dispute Resolution Program. You must agree that if a dispute relating to your employment or termination as described in the program arises, you will follow the rules and procedures described in this program.

I understand that employment at Jordan Foster Construction, LLC is "at will" which means that either I or the company can terminate the employment relationship at any time, with or without prior notice and for any reason prohibited by statute. I also understand that all employment is continued on an "at will" basis, and that if I am employed, only an officer or the president of Jordan Foster Construction, LLC has the authority to alter the "at will" relationship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



APPLICANT DATA RECORD

Applicants considered for all positions, along with employees, are treated during employment without regard to race, color, religion, gender, national origin, citizenship, age, marital or veteran status, medical condition or disability.

As employers/government contractors, we comply with government record keeping and other legal requirements. Completion of the Applicant Data Record is voluntary. Inclusion or exclusion of any data will not affect any employment decision.

This data is utilized for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Date: \_\_\_\_\_

(PLEASE PRINT)

Position(s) Applied For: \_\_\_\_\_

Referral Source: [ ] Employee [ ] Advertisement [ ] Friend [ ] Relative [ ] School

[ ] Walk-in [ ] Employment Agency \_\_\_\_\_ [ ] Other \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_
Number and Street City State Zip Code

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the gender, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Gender: [ ] Male [ ] Female

Race/Ethnicity Group: [ ] White [ ] Hispanic [ ] Black
[ ] American Indian / Alaskan Native [ ] Asian / Pacific Islander

Veteran/Disabled Status (check any, if applicable):

[ ] Vietnam Era Veteran [ ] Special Disabled Veteran [ ] Other Protected Veteran
[ ] Newly Separated Veteran [ ] Individual with a Disability