



EMPLOYMENT APPLICATION

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

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

Position Applying for: [ ] Laborer [ ] Operator [ ] Truck Driver [ ] Other:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_

Are you a U.S. Citizen? [ ] YES [ ] NO

If NO, are you otherwise authorized to work in the U.S.? [ ] YES [ ] NO

Have you ever been convicted of a felony? [ ] YES [ ] NO

If yes, please describe: \_\_\_\_\_

Union Member? [ ] YES [ ] NO If Yes, Local # \_\_\_\_\_

If selected for employment, are you willing to submit to a pre-employment drug screening test? [ ] YES [ ] NO

On what date are you available for work?

List any friends or relatives employed by Tiffany Construction: \_\_\_\_\_

List any special training, certifications or licenses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Operators:

Type of equipment: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Are you willing to demonstrate your skills prior to being offered a position?

[ ] YES [ ] NO

**EMPLOYMENT HISTORY**

( LIST MOST RECENT EMPLOYER FIRST )

EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT?  YES  NO

REASON FOR LEAVING: \_\_\_\_\_



EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT?  YES  NO

REASON FOR LEAVING: \_\_\_\_\_



EMPLOYER: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT?  YES  NO

REASON FOR LEAVING: \_\_\_\_\_



What skills do you have that will help you in this job?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCES:

Please provide contact information of at least three individuals that are not related to you and that you have known for a minimum of one year.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

**I certify that the answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE