

APPLICATION FOR EMPLOYMENT

RICK SHIPMAN CONSTRUCTION
15018 COUNTY ROAD 413
DEXTER, MO 63841

HR USE ONLY
EMPLOYEE NO _____

DATE _____

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED - PLEASE PRINT

In compliance with Federal and State Employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group.

Name _____

Present Address _____

Previous Address _____

Cell Phone _____ Home Phone _____ Message Phone _____

Do you have a legal right to be employed in the United States? Yes () (proof required) No ()

Are you over the age of 18? Yes () No ()

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ () Full Time () Part Time () Temporary () Seasonal

Who referred you? _____ Rate of Pay expected _____

Have you ever been convicted of or pleaded guilty to any law violation (except speeding or parking violations)? Yes () No ()

If Yes, please give details _____

(A yes answer does not automatically disqualify you from employment, because the nature of the offense, date, and the job for which you are applying will also be considered.)

Do you have a valid driver's license? Yes () No () If not, do you have a photo ID? Yes () No ()

State of Issue: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes () No ()

If yes, please give details _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did You Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

COMPANY NAME	DATES WORKED		POSITIONS) HELD
	FROM	TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO	DUTIES/RESPONSIBILITIES		
NAME OF SUPERVISOR	REASON FOR LEAVING		
SALARY	WORK HOURS		

COMPANY NAME	DATES WORKED		POSITIONS) HELD
	FROM	TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO	DUTIES/RESPONSIBILITIES		
NAME OF SUPERVISOR	REASON FOR LEAVING		
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COMPANY NAME	DATES WORKED		POSITIONS) HELD
	FROM	TO	
ADDRESS, CITY, STATE, ZIP			
PHONE NO	DUTIES/RESPONSIBILITIES		
NAME OF SUPERVISOR	REASON FOR LEAVING		
SALARY	WORK HOURS		

REFERENCES

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

SPECIAL SKILLS

Please check the skills for which you have training or work experience:

- | | |
|---|--|
| <input type="checkbox"/> CARPENTRY _____ | <input type="checkbox"/> SUPERVISION _____ |
| <input type="checkbox"/> CONCRETE _____ | <input type="checkbox"/> PLUMBING _____ |
| <input type="checkbox"/> WELDING _____ CERTIFIED? | <input type="checkbox"/> OTHER _____ |

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and/or drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date

Submit