

# APPLICATION FOR EMPLOYMENT—DUER CONSTRUCTION CO., INC.

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

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

Telephone: (\_\_\_\_) \_\_\_\_\_ Social Security No.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Area Code Number

If you are under 18 years of age, do you have a work permit? Yes \_\_\_ No \_\_\_  
Do you have, or have you applied for the legal right to remain permanently and work in the United States? Yes \_\_\_ No \_\_\_

Position Desired: \_\_\_\_\_ Date you can start work: \_\_\_\_\_  
Can you perform the duties of this job, with or without reasonable accommodation? \_\_\_\_\_  
Do you know anyone who works here? Yes \_\_\_ No \_\_\_ Who? \_\_\_\_\_

## YOUR EDUCATION AND TRAINING

Please Circle Highest Grade Completed:

1 2 3 4 5 6 7 8                      9 10 11 12                      1 2 3 4 5                      1 2 3 4  
Grade School                      High School                      College                      Trade/Tech

What was the last school you attended? \_\_\_\_\_

## YOUR WORK EXPERIENCE

Are you on layoff and subject to recall? Yes \_\_\_ No \_\_\_  
If yes, when do you expect to be recalled? \_\_\_\_\_

1. Present or Last Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position(s): \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year  
Reason for Leaving: \_\_\_\_\_

2. Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position(s): \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year  
Reason for Leaving: \_\_\_\_\_

3. Next Previous Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position(s): \_\_\_\_\_ Pay: \$ \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year  
Reason for Leaving: \_\_\_\_\_

## DRIVING (Please complete this section if the job for which you are applying might require you to drive Company vehicles.)

Do you have a valid driver's license? Yes \_\_\_ No \_\_\_  
License number and state: \_\_\_\_\_  
Have you had any accidents in the last five years? Yes \_\_\_ No \_\_\_ If yes, please give details: \_\_\_\_\_  
Has your driver's license ever been suspended, revoked, denied or cancelled? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

PLEASE READ REVERSE SIDE

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Company, could affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with the Company after this period of time I must fill out another application.

In consideration of being considered for or offered employment with the Company, I agree to abide by all of the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, which is not an at-will agreement. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I understand and agree that any causes of action or claims that I may have or bring against the Company, or that the Company may have or bring against me, shall be commenced within the applicable statute of limitations period, within six (6) months of my knowledge of such claim or cause of action, or within six (6) months after my separation from employment, whichever is earlier.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature