



APPLICATION FOR EMPLOYMENT

Faber Construction Corp. is a drug-free workplace. Pre-employment drug testing is a prerequisite of employment. Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, creed, religion, national origin, age, the presence of a non-job related handicap, or status as a disabled veteran.

Have you ever applied at Faber Construction? Yes No

Have you ever worked for Faber Construction? Yes No

If so, when?

GENERAL INFORMATION

Name (Last, First, Middle Initial):

Cell Number:

Home Number:

Address

State:

Zip Code:

Are you legally entitled to work in the US? Yes No

Emergency Contact & Phone Number:

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, please give a name to contact:

POSITION

Position or type of employment desired:

Wages expected:

Date Available:

Are you available to work: Full-Time Part-Time Temporary / Summer Out of Town

LICENSES

Are you over 21 years of age? Yes No

Do you have a valid driver's license in this state? Yes No

State License Issued:

Driver's License Number:

Expiration Date:

Do you have a valid CDL? Yes No

If yes, explain the type:

EDUCATION

Name of High School: _____

Do you have a high school diploma or GED? _____

Yes No

Name of College: _____

Years Completed: _____

Course of Study: _____

SPECIAL SKILLS, QUALIFICATIONS AND CERTIFICATIONS

List all pertinent skills and equipment you operate.

SAFETY CLASSES AND EXPIRATION

First Aid Yes No

CPR Yes No

Date of expiration: _____

Date of expiration: _____

WORK EXPERIENCE

EMPLOYER: _____

Phone #: _____

Supervisor: _____

Address: _____

Dates of employment: _____

Job title and specific duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Last rate of pay: _____

EMPLOYER: _____

Phone #: _____

Supervisor: _____

Address: _____

Dates of employment: _____

Job title and specific duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Last rate of pay: _____

EMPLOYER: _____

Phone #: _____

Supervisor: _____

Address: _____

Dates of employment: _____

Job title and specific duties: _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Last rate of pay: _____

PROFESSIONAL REFERENCES

List 3 non-relatives who are familiar with your qualifications, work history and abilities.

Name: _____ Phone #: _____
Relationship to applicant: _____
Years known: _____

Name: _____ Phone #: _____
Relationship to applicant: _____
Years known: _____

Name: _____ Phone #: _____
Relationship to applicant: _____
Years known: _____

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reasons, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, criminal history and any other investigative report deemed necessary through various third-party sources.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including physical, psychological, emotional or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. IN addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's General Manager is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Applicant's Signature: _____ Date: _____