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via our website at:  
[www.felixconstruction.com](http://www.felixconstruction.com)

# APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE NO. ( ) \_\_\_\_\_

IF RELATED TO ANYONE IN OUR EMPLOY,  
STATE NAME AND DEPARTMENT

(OMIT NAME OF SPOUSE) \_\_\_\_\_ REFERRED BY \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY IN THE PAST FIVE (5) YEARS? DO YOU AUTHORIZE US TO CHECK YOUR PERSONAL CREDIT?

YES NO YES NO

PLEASE LIST ANY INJURIES OR MEDICAL CONDITIONS THAT WOULD LIMIT YOUR ABILITY TO PERFORM WORK IN YOUR DESIRED POSITION:  
(E.G. A BACK INJURY IF APPLYING FOR A LABOR POSITION): \_\_\_\_\_

YOU WILL BE ASKED TO BRING IN PAY STUBS FROM YOUR PREVIOUS EMPLOYERS TO VERIFY EMPLOYMENT & PAST WAGES: \_\_\_\_\_  
INITIAL HERE

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

SUBJECTS OF SPECIAL STUDY (I.e.Apprenticeship Programs, Safety Training Programs, or Trade Schools)

## APPLICATION FOR EMPLOYMENT - Continued

### FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

### REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE

SIGNATURE

(DO NOT WRITE BELOW THIS LINE)

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED

FOR DEPT

POSITION

WILL REPORT

SALARY  
WAGES

APPROVED:

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER