

**NORTH AMERICAN CONSTRUCTION/DAVIS & BROWN  
APPLICATION FOR EMPLOYMENT**

**PERSONAL**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SEX M F  
          LAST                          FIRST                          MIDDLE INT.

ADDRESS \_\_\_\_\_  
          STREET                          CITY                          STATE                          ZIP

SOCIAL SECURITY NO \_\_\_\_\_ PHONE \_\_\_\_\_

VALID DRIVER'S LICENSE # AND CLASSIFICATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ PAY EXPECTED \_\_\_\_\_

GENERAL HEALTH: POOR \_\_\_\_\_ FAIR \_\_\_\_\_ GOOD \_\_\_\_\_ EXCELLENT \_\_\_\_\_

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**COMPLETE WORKMENS COMPENSATION QUESTIONNAIRE ON PAGE 3**

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DATE OF LAST PHYSICAL EXAMINATION \_\_\_\_\_ DATE AND NATURE OF LAST ILLNESS \_\_\_\_\_

PERSON(S) TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

RELATIONSHIP TO EMPLOYEE \_\_\_\_\_  
(PARENT, SPOUSE, CHILD, ETC.)

EMERGENCY #'S. (BUSINESS HOURS) \_\_\_\_\_  
(AFTER HOURS) \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME & LOCATION	DID YOU GRADUATE	DEGREE OR DIPLOMA
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COLLEGE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

ELEMENTARY \_\_\_\_\_

OTHER \_\_\_\_\_

**REFERENCES**

1. \_\_\_\_\_  
NAME ADDRESS PHONE

2. \_\_\_\_\_  
NAME ADDRESS PHONE

3. \_\_\_\_\_  
NAME ADDRESS PHONE

**EMPLOYMENT**

1. COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

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

2. COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

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

3 COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

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

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

4 COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DATE EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_

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

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OFFICE USE ONLY: EMPLOYMENT DATE \_\_\_\_\_

RATE OF PAY \_\_\_\_\_

JOB TITLE \_\_\_\_\_

DEPT (CONST/ENG/LAB) \_\_\_\_\_

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HAVE YOU EVER BEEN TREATED FOR ANY OF THE FOLLOWING CONDITIONS?

YES	NO		YES	NO	
___	___	Epilepsy	___	___	Arteriosclerosis
___	___	Diabetes	___	___	Thrombophlebitis
___	___	Cardiac Disease	___	___	Varicose Veins
___	___	Arthritis	___	___	Heavy Metal Poisoning
___	___	Amputated foot, leg, arm, hand	___	___	Ionizing Radiation Injury
___	___	Loss of sight of one or both eyes or a partial loss of uncorrected vision of more than 75% bilateral	___	___	Compressed Air Sequelae
___	___	Residual Disability from Poliomyelitis	___	___	Ruptured Intervertebral Disc/Back Related Condition
___	___	Cerebral Palsy	___	___	Brain Damage
___	___	Multiple Sclerosis	___	___	Hodgkin Disease
___	___	Parkinson's Disease	___	___	Deafness
___	___	Cerebral Vascular Accident	___	___	Cancer (Effective June 1982: Not Retroactive)
___	___	Tuberculosis	___	___	Sickle-Cell Anemia (Effective June 8, 1982: Not Retroactive)
___	___	Silicosis	___	___	Mental Retardation
___	___	Psychoneurotic Disability Following Treatment in a Recognized Medical or Mental Institution	___	___	Any other Pre-existing Disease, Condition or Impairment Which is Permanent in Nature
___	___	Hemophilia	___	___	Muscular Dystrophy
___	___	Ankylosis of Joints	___	___	Hyperinsulinism
			___	___	Chronic Osteomyelitis
			___	___	Other

\* IF YOU ANSWERED "YES", PLEASE GIVE A BRIEF EXPLANATION.

**PERSONS SEEKING EMPLOYMENT MUST PROVIDE A THREE (3) YEAR MOTOR VEHICLE REPORT FROM THE S.C. HIGHWAY DEPARTMENT BEFORE BEGINNING EMPLOYMENT.**

**UPON EMPLOYMENT, PERSONAL SAFETY EQUIPMENT SUCH AS SAFETY SHOES, ETC. (IF REQUIRED FOR YOUR POSITION) MUST BE PURCHASED BY EMPLOYEE.**

**DRUG TESTING REQUIREMENTS:**

**PRE-EMPLOYMENT**

**POST-INJURY**

**RANDOM**

**SUBJECT TO TERMINATION OF EMPLOYMENT IF POSITIVE RESULTS UNDER THE PANEL 9 AND/OR BREATH ALCOHOL DRUG SCREEN REQUIREMENTS WHEN TESTED AT ANY OF THE ABOVE TIMES.**

INDICATE BELOW ANY MEDICATIONS WHICH YOU ARE CURRENTLY TAKING AND IT WILL BE YOUR CONTINUING RESPONSIBILITY TO NOTIFY YOUR SUPERVISOR (IN WRITING) OF ANY MEDICATIONS YOU ARE TAKING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT