

# GALLOWAY CONSTRUCTION LLC.

Application for Employment  
An Equal Opportunity Employer



## APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available		Social Security No.		Desired Salary			
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever applied or worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you 18 years or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
In case of emergency notify	Name		Phone				
Who referred you to this company?			Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

## EDUCATION

High School			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other			Address				
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

Please list any special training or skills

## REFERENCES (LIST THREE PROFESSIONAL REFERENCES)

Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							
Full Name			Relationship				
Company			Phone				
Address							

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.

Signature

Date