

PO Box 1399, STAFFORD, TX 77497 281-261-0976 FAX: 281-499-5336

For Office Use Only:	
Date of Hire:	Start Date:
Pay Group:	Pay Rate:
Supervisor:	PPE Rcvd:

## APPLICATION FOR EMPLOYMENT

DATE: PERSONAL INFORMATION							
AST NAME	FIRST	MIDDLE	SOCIAL SEC	CURITY#			
CURRENT ADDRESS		APT.#	DATE OF BIRTH (MON	ΓΗ/DAY/YEAR)			
CITY		STATE	ZIP				
HOME PHONE		CELL PHONE	CELL PHONE EMAIL ADDRESS				
DESIRED EMPLO	YMENT						
POSITION APPLYING FO	DR	DATE AVAILABLE	SALARY DE	SIRED			
HAVE YOU WORKED FO	R JIMERSON UNDERG	ROUND, INC PREVIOUSLY?	☐ YES ☐ NO				
DATES EMPLOYED WITI	H JIMERSON UNDERGE	ROUND, INC: FROM _	/TO/				
REASON FOR LEAVING:			FOREMAN WORKED U	NDER			
ARE YOU RELATED TO	ANY JIMERSON UNDEF	RGROUND EMPLOYEE	□ YES □ NO				
NAME		RELATI	ONSHIP				
HOW DID YOU FIRST HE	EAR OF US?	JOBSITE □ SPOKE TO FO	REMAN: Name				
☐ JIMERSON UNDERG	GROUND EMPLOYEE _	OTH	HER				
EDUCATION							
SCHOOL LEVEL NA	AME AND LOCATION OF	SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?			
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR CORRESPONDENCE SC	CHOOL						
GENERAL INFORM	MATION						
SPECIAL SKILLS: (LIST A	ANY EQUIPMENT YOU	CAN OPERATE, ANY SPECIAL KNOW	LEDGE OF THE POSITION	J)			

TRAINING	NI HAVE DEDTAINING TO T	THE MODE INCLUD	E COPIES OF CERTIFICATES	OD CARDS	
☐ Confined Space	CPR/First Aid			OSHA 10HR	
Other:					
PAST EMPLOYM	ENT				
NAME OF PRESENT OF	R LAST EMPLOYER				
ADDRESS	CITY		STATE	ZIP	
EMPLOYMENT DATES		STARTING SAL	ARY FINAL SALAF	RY	
FROM/TO					
NAME OF SUPERVISO	R	TITLE	TITLE PHONE NUMBER		
NAME OF PREVIOUS E	MPLOYER				
ADDRESS	CITY		STATE	ZIP	
EMPLOYMENT DATES FROM/ TO		STARTING SAL	ARY FINAL SALAF	RY	
NAME OF SUPERVISO	R	TITLE	F	PHONE NUMBER	
REFERENCES					
NAME	PHONE NUMBER	!	YEARS ACQUAINTED	RELATIONSHIP	
NAME	PHONE NUMBER	!	YEARS ACQUAINTED	RELATIONSHIP	
NAME	PHONE NUMBER	<u> </u>	YEARS ACQUAINTED	RELATIONSHIP	
	FOLLOWING STATEMENT ND ACCEPTANCE BY SIG				
understand that any mi 2. I understand that as Jimerson Underground	isstatement, falsification, or a condition of employment, I will verify my social securit	omission of informa , I will be required to ty number provided	ation may be grounds for refus o provide legal proof of authori above thru the Federal E-Veri	nument or not, is true and complete, an al to hire or, if hired, termination. zation to work in the U.S. and understa fy system and conduct a criminal background	

4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Signature - Applicant

This company participates in the Federal E-Verify Program. The Social Security Number of all new hires will be verified with the national database for accuracy

SIGN HERE X \_

check.

THIS APPLICATION MUST BE SIGNED



Date