



Date

# Decker Construction Inc.

## Employment Application

### PERSONAL INFORMATION

First Name  Initial  Last Name

Address  Home Phone Number

City  SSN  Cell Phone Number

State  Zip Code  E-mail

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, termination employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felon conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in you body may be required prior to employment. After an offer of employment , and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### AVAILABILITY

Possition Applying For:  Date you can start

### JOB RELATED SKILLS

If the job requires it do you have the appropriate valid drivers licenses?  ( If yes fill in liscense information)

Drivers licenses #  Type of licenses:  State

Have you had any moving violations?  Describe violations

Please list any othr skills, licenses or certifications that may be job-related of that you feel would be of value to this job or company

Have you been given a job description of had the requirements of the job explained to you?

Do you understand these requirments?  Are you fluent in Spanish?

Can you preform the requirements of this job with or without reasonable accomodations:  List languages in which you are fluent:

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**SECURITY**

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List state and counties of residence for the past seven years: (If other than above)

Have you used any names or Social Security Numbers other than give above?:

If so, please list:

Have you been convicted of, or served time for a felony in the past seven years?:

If so, please describe below. (In accordance with company policy this information will be reviewed for fob relatedness and time since last conviction.)

Incident 1: City:

State

Charge

Incident 2: City:

State

Charge

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**COMMENTS**

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**PREVIOUS EMPLOYERS**

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PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical FOR EMPLOYERS OUTSIDE THE US A CURRENT FAX NUMBER IS MANDATORY

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**MOST RECENT EMPLOYER**

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Are you currently working for this employer?:

If yes, may we contact them?:

Company Name

City

State

Phone Number

Fax Number

Job Title:

Dates Employed: From

To

Supervisor:

Salary

Per

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**SECOND MOST RECENT EMPLOYER**

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Company Name

City

State

Phone Number

Fax Number

Job Title:

Dates Employed: From

To

Supervisor:

Salary

Per

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**THIRD MOST RECENT EMPLOYER**

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Company Name  City  State

Phone Number  Fax Number

Job Title:  Dates Employed: From  To

Supervisor:  Salary  Per

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**REFERENCES**

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Include only individuals familiar with your work ability, do not include relatives.

Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Relationship	<input type="text"/>
City	<input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Years Known	<input type="text"/>
Name	<input type="text"/>	Phone Number	<input type="text"/>
Address	<input type="text"/>	Relationship	<input type="text"/>
City	<input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Years Known	<input type="text"/>

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**EDUCATION**

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Did you graduate High School?:  If no, do you have a GED?:

College:  Years completed  Degree?  Name of School

VoTech  Years completed  Degree?  Name of School

Please list any othr skills, licenses or certifications.

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**CERTIFICATION OF RELEASE**

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By clicking "Submit by Email," I certify that I have read and understand the applicant note on page one of these form and that the answers give by me to the foregoing question and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at an time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, person, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for an damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment, if company policy require.

