

BOYETT CONSTRUCTION COMPANY, INC.

18511 AL HWY 24; MOULTON, AL 35650
PHONE: 256-974-6750 FAX: 256-905-0382

APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()	DATE OF BIRTH	REFERRED BY	
PRESENT HEALTH <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
HAVE YOU HAD ANY PREVIOUS INJURIES? <input type="checkbox"/> NECK <input type="checkbox"/> BACK <input type="checkbox"/> KNEES <input type="checkbox"/> ANKLES <input type="checkbox"/> OTHER _____			
IF SO EXPLAIN			
IS THERE ANY TYPE OF WORK WHICH YOUR PHYSICAL CONDITION PROHIBITS, OR WHICH YOUR DOCTOR HAS ADVISED YOU NOT TO PERFORM? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO EXPLAIN			
DO YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO IS SO, WHEN?			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES EXPLAIN			
DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DRIVERS LICENSE NUMBER: _____ STATE ISSUED: _____			

EMPLOYMENT DESIRED

POSITION	SALARY EXPECTED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION HISTORY

CIRCLE HIGHEST YEAR OF SCHOOL COMPLETED AND GIVE DIPLOMA OR DEGREE RECEIVED INCLUDING H.S.E. OR G.E.D															
HIGH SCHOOL				COLLEGE				DIPLOMA OR DEGREE							
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4
LIST COURSE OF TRAINING WHICH PREPARED YOU FOR WORK _____															

EXPERIENCE

WHAT KIND OF EQUIPMENT CAN YOU OPERATE? (List kind of equipment and amount of experience.) _____

CONTINUED ON OTHER SIDE

FORMER EMPLOYERS (List below last four employers, starting with last one first.)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

PERSONAL REFERENCES (List three, not former employers or relatives, that you have known at least one year.)

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

The facts set forth in my application for employment are true and complete. If this applications leads to employment, I understand that false or misleading information in my application or interview may result in my release. Boyett Construction is hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of their choice.

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

REMARKS
