

Civil Construction Contractors, Inc.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Name: _____ Social Security #: _____

LAST
FIRST
MIDDLE

Present Address: _____

STREET
CITY
STATE
ZIP

Permanent Address: _____

STREET
CITY
STATE
ZIP

Phone No.: _____ Are you 18 years or older? Yes No

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever worked for this company before? _____ Where? _____ When? _____

Referred by: _____

Have you ever been convicted of a felony? Yes No If yes; explain: _____

EDUCATION	Name and location of school	*No of years attended	*Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

SPECIAL SKILLS

Military: _____ Present membership in: _____

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

Date Month and Year	Name and address of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give the names of three people not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

INDIVIDUALS WHO FAIL TO PROVIDE ACCURATE INFORMATION PURSUANT TO LA LAW A.S. 23:1208.1 WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE AND FORFEITURE OF WORKERS COMPENSATION BENEFITS. ALSO, FAILURE TO ANSWER THE ABOVE QUESTIONS TRUTHFULLY WILL RESULT IN DISQUALIFICATION OF CONSIDERATION FOR EMPLOYMENT.

In case of emergency notify: _____
NAME ADDRESS PHONE NO.

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In conclusion of my employment, I agree to confirm to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

We are maintaining this application for consideration for 90 days. If you wish to be considered beyond this point, please reapply.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____ Date: _____

Remarks: _____

Hired: Yes No Position: _____ Dept.: _____