

APPLICATION FOR EMPLOYMENT
Tri-Ply Construction, Inc

Last Name	First Name	Middle Name	Application Date
Current Address (Number & Street)		Home Phone Number	Message/Emerg Phone Number
City, State & Zip			Social Security Number

FINAL APPLICANTS MUST PASS A DRUG/ALCOHOL SCREEN

EMPLOYMENT DESIRED

Position Desired: <input type="checkbox"/> Carpenter Supervisor <input type="checkbox"/> Carpenter <input type="checkbox"/> Construction Helper <input type="checkbox"/> Laborer			
Have you worked for our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state date)_____		Will you accept part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you accept temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No Salary or wage desired _____	

U.S. MILITARY SERVICE

Service Branch:	Final Rank:	Military Occupation:
Education/Training:		Date Entered:
		Date Separated:

PERSONAL

Are you able to perform the duties and meet the qualifications of the position for which you are applying with/without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:
Hobbies or interests:
Have you been convicted of a crime or released from prison, whichever is more recent, within 7 years of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No____ If yes, please explain:
Note: A conviction will not necessarily bar you from employment.

EDUCATION AND TRAINING

1. Circle the highest grade completed: Grade 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4 5
2. Name of High School:_____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of College:_____ Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No College Major:_____ College Minor(s):_____
3. Graduate Work:_____
Other education or training which may help us better place you:

EMPLOYMENT HISTORY

Last Employer First From / To	Employer's Name, Address & Phone Number	Last Salary & Position Held	Reason For Leaving
/	Name:	Salary:	
/	Street:	Position:	
/	City:	Supvr:	
/	Name:	Salary:	
/	Street:	Position:	
/	City:	Supvr:	
/	Name:	Salary:	
/	Street:	Position:	
/	City:	Supvr:	

May we contact your current employer for a reference? Yes No

List equipment you can operate: _____

I have performed the following jobs for which I am presently qualified. (List in order of skill)

Job	Skill Performed	For Whom
1. _____		
2. _____		
3. _____		

CERTIFICATION:

I authorize investigation of all statements contained in this application. I authorize the employers, schools or persons named above to provide information regarding my employment, education, character and qualifications to the Company. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time with or without cause and with or without previous notice. No manager, supervisor, representative or agent of the company, other than the President, has any authority to enter into any agreement with me for any specified period of time, or to make any agreement contrary to the foregoing. I further understand and acknowledge that nothing contained in the employee manual received by me at the commencement of my employment, if hired, nullifies, or modifies the foregoing.

My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief, and I understand that intentionally giving false information could result in refusal of employment, or discharge. This application will remain under active consideration for applicable job openings which occur within 90 calendar days from the date on this application. I agree, upon request, to submit to a blood or urine test to detect drug usage and recognize that said test will be used to determine suitability for initial or continuing employment. As a final applicant I also agree to pay \$120.00 for the cost of the physical and urine drug/alcohol screen; the cost of which will be reimbursed to me after negative test results are confirmed or if I voluntarily leave the company within 1 month of my hire date. **I further agree to have the above amount deducted from my paycheck in the event of a voluntary leave or positive drug test result.**

I understand and agree to the above terms:

Signature: _____ Date: _____