

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap



EMPLOYMENT

Last Name	First	Middle	Date
Street Address		Date of Birth	Social Security Number
City, Street, Zip		Phone Number	
Have you ever applied for or been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Supervisor _____		Driver's License Number	
Position Desired		Pay Expected	
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not what hours can you work?		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?	Do you have a valid driver's license?	When will you be available to begin work?	
Other special training or skills (language, machine operation, etc.)			
How did you learn about this organization?			
Chamberlain Contractors, Inc. is a Drug Free workplace. I understand that I will be required to submit to a urine test prior to being hired. The cost of the test will be paid by Chamberlain unless it comes up positive. If you understand this, initial here _____.			
Chamberlain Contractors, Inc. requires all new truck drivers to take a DOT approved physical exam. The new employee will be required to pay for 50% of the cost of the physical in advance. A copy of the exam results will be given to you. If you understand this, initial here _____.			
Education			
What is the highest level of school you completed? _____ Grade.		Date Completed _____	
Name of School: _____		City, State _____	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.	Are you a U.S Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long at present address? _____ Years	
Have you ever been bonded? I <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, with what employers?		How long at previous address? _____ Years	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full			
State names of relatives and friends working for us other than your spouse.			
Have you physical defects which preclude you from performing certain jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe limitation.			
Military (Complete this section if you served in the Armed Forces)		Branch of Service	Period of Active Duty (Month & Year) From _____ To _____
Describe your duties and any special training		Rank at Discharge	

1	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

2	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

3	Company Name	Telephone
	Address	Employed (State Month and Year) From To
	Name of Supervisor	Weekly Pay Start Last
	State Job Title and Describe Your Work	Reason For Leaving

<p>We may contact the employers listed above unless you indicate those you do not want us to contact.</p>	DO NOT CONTACT
	Employer Number (s) Reason:

<p>S I G N A T U R E</p>	<p>The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p>I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p>If you decide to engage a criminal background check, I authorize you to do so.</p> <p>Date: _____ Signature: _____</p>
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