

Anchor Construction Corporation

Application for Employment

Date Completed _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Social Security Number ____ / ____ / ____ Date of Birth _____

Home Phone Number _____ Cell or other Contact Number _____

Position applying for _____ Full Part-time

Salary expected _____ When can you start? _____

Have you ever applied or worked for this company before? _____ When? _____

May we contact your current employer? _____ Telephone number _____

References: (List employers for at least the last 3 years- use additional sheet if necessary)

Employer's Name _____ Telephone _____
Supervisor _____ Position _____ From _____ to _____
Dates Worked

Employer's Name _____ Telephone _____
Supervisor _____ Position _____ From _____ to _____
Dates Worked

Employer's Name _____ Telephone _____
Supervisor _____ Position _____ From _____ to _____
Dates Worked

Personal References:

Name _____ Address _____ Phone # _____

Name _____ Address _____ Phone # _____

Education:

List highest level of education completed _____ If you received a degree- type _____

Name of School or University _____

Trade or Business School _____ Special Studies _____

Eligibility to Work:

Are you legally authorized to work in the United States _____

Can you provide proof of eligibility to work _____ Can you provide proof of age _____

NOTICE TO ALL APPLICANTS- This Company requires Random Drug testing- submission of this application is your acceptance of this procedure. Applicants Initials Required _____

Special Questions:

Have you been convicted of a felony within the last 5 years? _____ If yes explain _____

Do you speak any foreign languages? _____ What languages? _____

Do you read and write any foreign languages _____

Do you speak English? _____ Do you read and write English? _____

If you are applying for a specialty position can you provide proof of training and experience:
If so what: _____

(attach resume or use extra sheet to include information needed.)

Do you have any physical limitations that would require an accommodation to perform
the tasks, job or position for which you are applying ____ Yes ____ NO

Employees applying for CDL position or may be required to drive complete this section:

Driver license number _____ State _____ Class _____

Please list the type of vehicle and extent of experience with each type of motor vehicle-

Type of Vehicle	Years of Experience	Owner of Equipment
_____	_____	_____
_____	_____	_____

For additional equipment use a separate sheet

List **all** motor vehicle accidents you were involved in during the last **three** years:
(List additional information on a separate sheet.)

Date of Accident	Number of Injuries	Number of Fatalities	Location (City & State)
_____	_____	_____	_____
_____	_____	_____	_____

List all moving citations for the last three years: (if additional space is needed use separate sheet.)

Violation	Location	Disposition
_____	_____	_____
_____	_____	_____

Equipment Operators

Do you have a District Of Columbia Operators License _____ Number _____
List type of equipment and experience with each piece: (if additional space is needed use separate sheet.)

Type/Make /Model	Years of experience	Owner of equipment
_____	_____	_____
_____	_____	_____

To All Applicants- The information contained in this application is confidential.
I (the undersigned) affirm that all information contained in this application is correct and I understand that any false information can result in my not being considered for employment or if I am hired may result in my termination at a later date.

Signature of Applicant

Office Use Only

Interviewed by _____ Date _____

Hired ___ Yes ___ No Position _____ Starting Date _____

Salary/ Wage: _____ Approved by _____