



Construction, LLC
1535-A Daniel Rd.
West Columbia, SC 29170

Applicant must be able to:

- Pass a drug test
- Have reliable transportation
- Pass eVerify

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Name (Last Name First):		Social Security No:	
Address	City	State	Zip
Phone No.		Referred By:	

EMPLOYEMENT DESIRED

Position		Date you can start	
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	
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	

EDUCATION HISTORY

Name & Location of School	Years Attended	Did you graduate?
High School		
College		

GENERAL INFORMATION

Subjects of special study/research/ work or special training/skills	
U.S. Military or Naval Service	Rank

FORMER EMPLOYERS (LIST THE LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

Date (Month/Year)	Name, Address, Phone #	Salary	Position	Reason for leaving

CONTINUED ON OTHER SIDE

REFERENCES (Give the names of three persons not related to you, whom you have known at least one year.)

Name	Address & Phone #	Business	Years Known

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you an y and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all inability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period fo time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE**SIGNATURE****INTERVIEWED BY****DATE****DO NOT WRITE BELOW THIS LINE****REMARKS**

Neatness	Character		
Personality	Ability		
Hired	Position	Start Date	Salary

Approved by

Date