



APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE NO.: _____ ARE YOU 18 YEARS OR OLDER? YES NO

EMAIL: _____

IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR U.S. CITIZENSHIP OR PROOF OF YOUR LEGAL RIGHT TO LIVE AND WORK IN THIS COUNTRY? YES NO

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

REFERRED BY: _____

ARE YOU CURRENTLY EMPLOYED? YES NO
 IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO IF YES, WHEN? _____

DO YOU POSSESS A CURRENT CALIFORNIA DRIVERS LICENSE? YES NO IF YES, WHAT CLASS? _____

WE MAY DECLINE TO HIRE RELATIVES OF PRESENT EMPLOYEES IF DOING SO COULD RESULT IN POTENTIAL PROBLEMS OR CONFLICTS IN THE WORK PLACE.

DO YOU HAVE ANY RELATIVES WORKING FOR FRANKLIN CONSTRUCTION, INC.? YES NO
 IF YES, PLEASE LIST THEIR NAMES AND RELATIONSHIP:

NAME RELATIONSHIP

NAME RELATIONSHIP

EDUCATION	NAME & LOCATION	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
VOCATIONAL/BUSINESS SCHOOL				

DO YOU HAVE ANY OTHER EXPERIENCE, TRAINING, QUALIFICATIONS, OR SKILLS THAT YOU FEEL MAKE YOU ESPECIALLY SUITED FOR THE JOB? YES NO

IF YES, PLEASE LIST BELOW:

FORMER EMPLOYERS (STARTING WITH THE LAST ONE FIRST.)

NAME OF COMPANY _____ ADDRESS, STREET, CITY, STATE _____
PHONE NUMBER: _____ POSITION _____
DATE OF EMPLOYMENT: _____ REASON FOR LEAVING _____
DATE (MONTH/YEAR) FROM TO

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

NAME OF COMPANY _____ ADDRESS, STREET, CITY, STATE _____
PHONE NUMBER: _____ POSITION _____
DATE OF EMPLOYMENT: _____ REASON FOR LEAVING _____
DATE (MONTH/YEAR) FROM TO

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

NAME OF COMPANY _____ ADDRESS, STREET, CITY, STATE _____
PHONE NUMBER: _____ POSITION _____
DATE OF EMPLOYMENT: _____ REASON FOR LEAVING _____
DATE (MONTH/YEAR) FROM TO

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

NAME OF COMPANY _____ ADDRESS, STREET, CITY, STATE _____
PHONE NUMBER: _____ POSITION _____
DATE OF EMPLOYMENT: _____ REASON FOR LEAVING _____
DATE (MONTH/YEAR) FROM TO

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME _____ ADDRESS _____
PHONE NUMBER: _____ OCCUPATION: _____ YEARS ACQUAINTED: _____
NAME _____ ADDRESS _____
PHONE NUMBER: _____ OCCUPATION: _____ YEARS ACQUAINTED: _____
NAME _____ ADDRESS _____
PHONE NUMBER: _____ OCCUPATION: _____ YEARS ACQUAINTED: _____

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. IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME REGARDLESS OF THE TIME ELAPSED BEFORE THE DISCOVERY.

IN CONSIDERATION OF MY EMPLOYMENT I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE 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. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S PRESIDENT AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE _____ SIGNATURE _____