



# EMPLOYMENT APPLICATION

Notice to Applicant: This application is used to evaluate your qualifications for employment. Your training and employment experience will be used to determine whether you meet the minimum qualifications for a position and to measure your knowledge, skills, and abilities in competing for a position. Please include self-employment, volunteer experience, and any non-employment periods when completing the Employment History section. You may attach additional sheets if necessary. This application is not an employment contract. Dean Snyder Construction does not unlawfully discriminate in hiring or any other employment practice on the basis of age, race, color, sex, religion, national origin, disability, or any other classification protected by federal, state, or local laws. All qualified applicants will receive consideration for employment without regard to any of the above factors. We are an Equal Opportunity Employer. Post offer pre-employment drug screen required.

**Job Applied For** \_\_\_\_\_ **Date** \_\_\_\_\_

**Referred By:**  Advertisement  Website  Walk-in  WFD office  Individual \_\_\_\_\_

**A. PERSONAL INFORMATION (PLEASE PRINT - Complete all applicable information.)**

Name (Last, First, MI)		Social Security Number	
Street Address		City	State Zip
Primary Phone	Alternate Contact (phone or email)	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, birthdate: ___/___/___	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		When could you start employment?	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Summer only			
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any relatives or friends who work for us:	
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?		Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	

**B. EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first.)**

Present or Last Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:			Reason for Leaving:		
Starting Wage	Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor		Title		Phone Number	
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address		City		State	Zip
Duties:			Reason for Leaving:		
Starting Wage	Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor		Title		Phone Number	

*Please turn over to complete.*

**B. EMPLOYMENT HISTORY (Continued)**

Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address			City	State	Zip
Duties:			Reason for Leaving:		
Starting Wage	Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor		Title	Phone Number		
Next Previous Position		Name of Company		From Mo/Yr	To Mo/Yr
Street Address			City	State	Zip
Duties:			Reason for Leaving:		
Starting Wage	Ending Wage	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Supervisor		Title	Phone Number		

**C. EDUCATION AND SKILLS SUMMARY**

High School or GED	City	State	<b>Graduated?</b>		
			Yes	No	GED
College	City	State	Degree	Major	GPA
Other	City	State	Degree	Major	GPA
<b>Summarize special skills and qualifications gained from employment or other experience:</b>					

**D. REFERENCES (Include only individuals familiar with your work ability. Do not include relatives.)**

Name	City, State	Phone Number	Known ___ Years	Relationship
Name	City, State	Phone Number	Known ___ Years	Relationship
Name	City, State	Phone Number	Known ___ Years	Relationship

**E. CERTIFICATION AND RELEASE (Please read the following statements carefully.)**

<ul style="list-style-type: none"> <li>I certify that, to the best of my knowledge and belief, the information provided in order to complete this application is true, complete and accurate. I understand that false statements or omissions on this application may result in rejection of my application or, if employed, may result in my discharge at any time.</li> <li>I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporations, courts, and law enforcement agencies to give <i>Dean Snyder Construction</i> any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from giving this information.</li> <li>I understand, if hired, that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time either by myself or by <i>Dean Snyder Construction</i>.</li> <li>I realize that under certain state or federal laws, I may be required to submit to an alcohol and/or drug test (which may or may not be a part of a post offer, pre-employment physical) as a condition of my employment. I hereby agree to submit to such an examination if required to do so by company policy and permit disclosure of results to <i>Dean Snyder Construction</i>.</li> </ul>	
Signature	Date

## DISCLOSURE – PREPARATION OF A CONSUMER REPORT

To process your application with Dean Snyder Construction, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to: employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials, Inc.

Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by Verified Credentials, Inc.

## AUTHORIZATION – TO PREPARE INVESTIGATIVE CONSUMER REPORT

I authorize the appropriate individuals, companies, institutions or agencies to release information requested for the preparation of an investigative consumer report on me and to respond to all inquiries necessary for the same.

\_\_\_\_\_  
Legal Last Name                                      Legal First Name                                      Legal Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

**Please list any additional addresses you have lived, worked and attended schools in during the past 7 years:**

\_\_\_\_\_  
City                                      State                                      City                                      State

\_\_\_\_\_  
City                                      State                                      City                                      State

**Other Name (s) Used and Date (s) Changed:** \_\_\_\_\_

\_\_\_\_\_  
Drivers License Number                      State Issued                      Expiration Date                      Date of Birth  
(To be used for Background Information ID only)

I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

\_\_\_\_\_  
Signature                                      Social Security Number                                      Date