

SRV Construction

Application for Employment

srvconstruction.com · (360) 675-7100 · Anacortes, Washington

APPLICANT NOTE

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. If employment is offered, it is strictly on an “at will” basis, which means that you may resign at any time, or SRV Construction may terminate your employment at any time for no reason, or for any reason not prohibited by law.

Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, for terminating employment.

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants.

Additional testing of job-related skills and for the presence of drugs in your system may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and be examined by a medical professional designated by the company.

GENERAL INFORMATION

Full Name

Social Security Number

Home Address

Home Phone

City, State, ZIP Code

Cell / Work Phone

Email Address

Emergency Contact Name

Emergency Contact Phone

Prior Address (if applicable)

Have you previously applied to SRV?

Yes No

Prior City, State, ZIP

Who referred you to SRV?

AVAILABILITY

Position Applied For

Requested Rate of Pay

Employment Type:

Full-Time Part-Time Temporary / Seasonal

Date Available to Work

EDUCATION

Level	Name of School	From	To	Graduate?	Degree / Certification
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

List your three most recent employers. Begin with your current or most recent position.

Employer 1 — Most Recent First

Employer / Company Name	From (mm/yy)	To (mm/yy)	Currently employed here?
_____	_____	_____	<input type="checkbox"/> Yes
Employer Address	Position / Job Title		
_____	_____		
Supervisor Name	Supervisor Phone	Ending Salary / Hourly Rate	
_____	_____	_____	
Primary Job Responsibilities			
<div style="border: 1px solid #ccc; height: 60px;"></div>			
Reason for Leaving	May we contact this employer?		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer 2 — Most Recent First

Employer / Company Name	From (mm/yy)	To (mm/yy)	Currently employed here?
_____	_____	_____	<input type="checkbox"/> Yes
Employer Address	Position / Job Title		
_____	_____		
Supervisor Name	Supervisor Phone	Ending Salary / Hourly Rate	
_____	_____	_____	
Primary Job Responsibilities			
<div style="border: 1px solid #ccc; height: 60px;"></div>			
Reason for Leaving	May we contact this employer?		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY (CONTINUED)

Employer 3 — Most Recent First

Employer / Company Name	From (mm/yy)	To (mm/yy)	Currently employed here?
_____	_____	_____	<input type="checkbox"/> Yes
Employer Address	Position / Job Title		
_____	_____		
Supervisor Name	Supervisor Phone	Ending Salary / Hourly Rate	
_____	_____	_____	
Primary Job Responsibilities			
<div style="border: 1px solid black; height: 60px;"></div>			
Reason for Leaving	May we contact this employer?		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

JOB SKILLS

Driver's License Number	State of Issue	Is your license currently valid?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of License	Endorsements	Restrictions
_____	_____	_____
Moving violations in the past three years (describe):		

Other skills, licenses, or certificates relevant to this position:		

Have you been given a job description, or had the requirements of this position explained to you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you understand the requirements of this position?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you perform the requirements of this job with or without reasonable accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

BACKGROUND & SECURITY

List all counties and states of residence for the past seven years:

Have you used another name or Social Security Number other than those listed above?

Yes No

If yes, list all names / numbers used:

Have you been convicted of a felony or served time for a felony within the past seven years?

Yes No

If yes, describe the incident, location, and charge:

PROFESSIONAL REFERENCES

List three professional references. Do not list former employers or relatives.

Name	Address	Phone	Yrs.	Relationship
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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ADDITIONAL COMMENTS

Use this space to provide any additional information relevant to your application.

CERTIFICATION, RELEASE, AND AGREEMENT

I certify that I have read and understand the Applicant Note on this form and that the answers given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release them from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs is prohibited prior to and during employment. I agree to mediate in good faith any issue which arises concerning my hiring, my employment, or my termination from employment.

Applicant Signature

Date

Email Address

Printed Name

Position Applied For
