

EAGLE MOUNTAIN CONSTRUCTION COMPANY, INC.

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Please Print or Type: _____ Date: _____

Position(s) Applied For: _____

Name: _____
(last) (first) (middle)

Address: _____
(number) (street) (city) (state) (zip)

Phone Number: (____) _____

Date of Birth: _____ SSN# _____

Please answer the following:

- Have you filed an application here before? _____
- Have you ever been employed here before? _____
- Are you a citizen of the United States? _____
- If not, do you possess an Alien Registration Card? _____
If yes, give Alien Registration Number: _____
- Are you available for work full time? _____ part time? _____
- Are you on lay-off and subject to recall? _____
- Can you travel if a job requires it? _____
- Do any of your friends or relatives, other than your spouse work here? _____
If yes, who? _____
- Are you a veteran of the U.S. Military Service? _____
If yes, what was your Branch of Service? _____
- Have you been convicted of a felony within the last 7 years? _____
If yes, explain: _____

- Have you filed any Workman's Compensation claims for job related injuries during the previous 5 years? _____
If yes, give details: _____

- Have you ever lost time from work due to a back-related injury? _____
If yes, give details: _____

- Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? _____
If yes, please explain: _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups that indicate race, color, religion, sex or national origin.)

Employer: _____

Address: _____

Dates: From: _____ To: _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Dates: From: _____ To: _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Dates: From: _____ To: _____

Job Title: _____

Supervisor: _____

Work Performed: _____

Hourly Rate/Salary: Starting: _____ Final: _____

Reason for Leaving: _____

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

Elementary: _____

City/State: _____

Years Completed: (circle) 4 5 6 7 8

High School: _____

City/State: _____

Years Completed: (circle) 9 10 11 12

Diploma/Degree: _____ Course of Study: _____

College/University: _____

City/State: _____

Years Completed: (circle) 1 2 3 4

Diploma/Degree _____ Course of Study: _____

Graduate/Professional: _____

City/State: _____

Years Completed: (circle) 1 2 3 4

Diploma/Degree _____ Course of Study: _____

Describe specialized training, apprenticeship, skills, and extra-curricular activities: _____

Honors Received: _____

Give name, address, and phone number of three references not related to you:

Name	Address/Location	Phone

I certify that the information included in this application is true and accurate.

Signed: _____ Date: _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/V/H

Note: All job applicants and employees are subject to drug testing.