

APPLICATION FOR EMPLOYMENT

J.T. Wimsatt Contracting Company, Inc. (the "Company") is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, gender, gender expression, gender identity, sexual orientation, age, religion, national origin, ancestry, mental disability, physical disability, medical condition, genetic information, marital status, military and veteran status, or any other basis protected by law.

PERSONAL

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
Have you ever applied for employment with us?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			
Position desired			
Are you available for full-time work?			Will you work overtime if asked?
<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
If offered employment, can you provide proof of eligibility to work in the United States?			When will you be available to begin work?
Other special training or skills (languages, machine operation, etc.)			
Have you ever been terminated or asked to resign from employment: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Please provide the name and telephone number of an emergency contact:			

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations

(Exclude those which may disclose your race, color, religion, national origin or any other characteristic protected by law.)

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EMPLOYMENT

Please give an accurate and complete full-time and part-time employment record for the last ten (10) years. Start with your present or most recent employer. Include all gaps in employment.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
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Describe any training received relevant to the position for which you are applying.

Driver License <i>Licencia del Conductor</i>	The following section must be completed if you are applying for a position that requires the operation of a motor vehicle, owned or leased by the Company, or if you must use your own vehicle for Company purposes. If assigned a company vehicle, you will be subject to periodic MVR checks. <i>La siguiente sección se debe completar si usted solicita una posición que requiere la operación de un vehículo automotriz, arrendado por la compañía, o si usted debe usar su propio vehículo para propósitos de la compañía. Si es asignado a un vehículo de la compañía, usted será sometido a una revisión periódicamente del Departamento de vehículos.</i>
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Driver License Number: _____ <i>Número de Licencia</i>	State Issued: _____ <i>Estado Fecha</i>	Exp Date: _____ <i>de Vencimiento</i>
Has your driver license ever been suspended or revoked for any reason? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>¿Tiene o ha tenido su licencia suspendida o revocada por alguna razón? SI NO</i>		
If yes, please give date and reason: _____ <i>Si respondió sí, de por favor la fecha y la razón</i>		
Have you been involved in a vehicle accident of any type within the last 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>¿Ha sido implicado en un accidente de vehículo de cualquier tipo dentro de los últimos 7 años? SI NO</i>		
If yes, give date(s), the nature and severity of the accident(s). <i>Si respondió sí, de la fecha(s), la naturaleza y la severidad del accidente(s)</i>		

What was your previous address? _____ _____	<input type="checkbox"/> How long at present address? _____ years <input type="checkbox"/> How long at previous address? _____ years
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?	<input type="checkbox"/> If you are under 18 years of age, can you provide proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
State names of relatives and friends working for us. _____ _____	
Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my termination.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the Company to continue to employ me in the future. I understand that employment with the Company is at-will, meaning that the terms and conditions of employment may be changed with or without notice, with or without cause, including, but not limited to, termination, demotion, promotion, compensation, benefits, duties and location of work. I understand that no representative of the Company has the authority to make assurances to the contrary.

_____ Date

_____ Signature

FOR EMPLOYER'S USE ONLY

R E F E R E N C E C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

E S T R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W	Interviewer Name and Comments	