D.H. LODER CONSTRUCTION, INC.
GENERAL CONTRACTORS
Contractors Lic. #558447

Application For Employment

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.   DATE _____

Name _____
            Last   First   Middle   Maiden

Present address _____
            Number   Street   City   State   Zip

How long _____   Social Security No. _____ – _____ – _____

Telephone (____)_____

If under 18, please list age _____

Position applied for (1) _____   Days/hours available to work
and salary desired   (2) _____   No Pref _____ Thur _____
(Be specific)   Mon _____ Fri _____
                                                                            Tue _____ Sat _____
                                                                            Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired   __ FULL-TIME ONLY   __ PART-TIME ONLY   __ FULL- OR PART-TIME

When available for work?_____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?   __ No   __ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

_____

APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?   __ Yes   __ No

What is your means of transportation to work? _____

Driver's license
number _____   State of issue _____   __ Operator   __ Commercial (CDL)   __ Chauffeur

Expiration date _____

Have you had any accidents during the past three years?   How many? _____
Have you had any moving violations during the past three years?   How Many? _____

OFFICE SKILLS, IF APPLICABLE

	__ Yes			__ Yes	Word	__ Yes	
Typing	__ No	_____ WPM	10-key	__ No	Processing	__ No	_____ WPM

Personal   __ Yes   __ PC   Other _____
Computer   __ No   __ Mac   Skills _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (__)_____	Telephone (__)_____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Print Name Here

_____ _____
Last   First

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?   __ Yes   __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?   __ Yes   __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience	Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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		From	Start
		To	Final
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PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

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May we contact your present employer?   __ Yes   __ No

Did you complete this application yourself   __ Yes   __ No

If not, who did? _____

NAME, SIGNATURE, AND DATE   DATE _____

Name _____
            Last   First   Middle   Maiden

Signature _____