

## YOUR VISION. OUR LEGACY.

Employment is contingent on passing a drug & alcohol misuse test and a background check.

## **APPLICATION FOR EMPLOYMENT**

ate of Applicatio	on:			
sition Applying	For:			
ame:				
	(First)	(Middle)	(Last)	
Address:	(Street)	(City)	(Ctata)	(7:n)
Talambana Numba	,	•	(State)	(Zip)
_	er:			
n case of accident	-	m 1 1 2	.T. 1	
			Number:	
Address:_				
		Edwardan		
		Education		
	School Name	# Yrs. Attended	Degree or Certific	eate
Apprenticeship or	· Internehin	<del></del>		
	Trade or Program	# Yrs. Attended	7rs. Attended Total Number of Hours	
pecialized Traini	ing:			
		vious Employment		
Dates 1	(List <b>Employer Name &amp; Phone</b> #	present or most recent job first) <b>Title Ba</b>	ase Pay Reason f	or Leaving
			Keason i	or Leaving
work Per	formed:			
to				
Work Pert	formed:			
to				
W 1 D	formed:			

		References		
	(Name)	(	Phone)	(Relationship)
	(Name)	(	Phone)	(Relationship)
		ING APPLICATION  Drivers License all licenses held in the past 3 years and independent of the past 3 years and 3 y	ses	
STATE	ENDORSE	EMENT(S) CLASS	EXPIRATION	
DIMIL	LIDORSI	ATTENT (D) CLASS	LAIRATION	
	A	Ceident Record for P (If additional space is needed, use		
DATE	LOCATION	NATURE OF ACCIDENT	FATALITIES	INJURIES
LIST SPECIAL	TRAINING RELA	TED TO TRANSPORTATION:		
Can you work ou	ut-of-town if the job re	equires it?		
This certifies that knowledge. I undo company to invest release those provemay be asked to	erstand, that if hired, are tigate my background to riding such information demonstrate my ability	ompleted by me, and that all entries on it my misrepresentation of information in this o ascertain all information of concern to a from all liability for any damages resulting to perform the essential functions necessal nation and controlled substances and alcohole.	application is cause for immediate ny employment history, whether sar g from furnishing this information. I ary to complete the job and, if offer	dismissal. I authorize this me is of record or not, and Further, I understand that I
<b>DATE:</b>		APPLICANT'S SIGNATURE		

## Hasslen Construction Company, Inc. is an Equal Opportunity Employer APPLICANT SURVEY FORM

Last N	Jame	First Name	Middle initial
Date		Position for which you are applying	
As an progra	am, and report the re	employer, we must monitor our equal employme results to government agencies. Please help us gay, and disability status on this form.	* *
	_	on is <i>completely voluntary</i> . If you choose not to just be subject to any negative or adverse treatment.	provide some or all of this
regula confid	ations and for no oth dential file separate	vide will be used <b>only</b> to monitor our compliance ther purpose.* When we receive this form, we we from your application. If you wish, you may man at contains your application.	vill immediately place it in a
Race/ □		one or more or Alaska Native: A person having origins in an ncluding Central America), and who maintains t	
	Indian Subcontine	having origins in any of the original people of the ent including, for example, Cambodia, China, Incands, Thailand, and Vietnam.	
	Black or African	American: A person having origins in any of the	black racial groups of Africa.
	-	o: A person of Cuban, Mexican, Puerto Rican, Sor origin, regardless of race.	outh or Central American, or other
		or Other Pacific Islander: A person having originamoa, or other Pacific Islands.	ns in any of the original peoples of
	White: A person l Africa.	having origins in any of the original peoples of E	surope, the Middle East, or North
□ Y	<b>oility – Are you a p</b> Yes No	person with a disability?	
	Select one Female Male		

\*This form is not used for employment decisions. If you have a disability and need an accommodation so that you can perform the duties of the job for which you are applying please notify us on some other manner.