

APPLICATION FOR EMPLOYMENT

PERSONAL

Name:

Date:

Last:	First:	M.I.:	
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Address:

Street:	City:	State:	Zip:
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Social Security #:

Date of Birth: (optional)

Phone #:

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Driver's License #:

Driving Record:

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Marital Status: (optional)

Spouse's Name: (optional)

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Relatives employed by Kline Rostocil Construction:

Referred by:

Name:	Relation:	
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Position you are applying for:

Date Available:

Desired Salary:

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CIRCLE ONE

CIRCLE ONE

Are you currently employed? :

YES / NO

If yes, may we inquire
of your present employer? :

YES / NO

Have you ever applied to

Kline Rostocil Construction before?

YES / NO

Where and When? :

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EDUCATION

	<u>Name and Location</u>	<u>Degree Received</u>	<u>Major Subjects</u>	<u>Grade Average</u>
GRAMMAR SCHOOL				
HIGH SCHOOL				
POST SECONDARY/ COLLEGE				
TRADE/ CORRESPONDENCE SCHOOL				

Special subjects of study or research:

Present and/or previous employers (Most Recent First)

Name:			Phone:		
Address:			Employed from:		To:
City:	State:	Zip:	Reason for leaving:		
Job title:		Starting pay:		Ending pay:	
Description of job:			Supervisor's Name:		

Name:			Phone:		
Address:			Employed from:		To:
City:	State:	Zip:	Reason for leaving:		
Job title:		Starting pay:		Ending pay:	
Description of job:			Supervisor's Name:		

Name:			Phone:		
Address:			Employed from:		To:
City:	State:	Zip:	Reason for leaving:		
Job title:		Starting pay:		Ending pay:	
Description of job:			Supervisor's Name:		

Name:			Phone:		
Address:			Employed from:		To:
City:	State:	Zip:	Reason for leaving:		
Job title:		Starting pay:		Ending pay:	
Description of job:			Supervisor's Name:		

(Give the names of three [3] people not related to you, whom you have a business relationship with for at least one [1] year.)

Full Name:		Address:	
Phone #:	Years known:		
Full Name:		Address:	
Phone #:	Years known:		
Full Name:		Address:	
Phone #:	Years known:		

REFERENCES

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DO NOT WRITE BELOW THIS LINE Signature: _____ Date: _____

<u>Date:</u> _____	<u>Interviewed:</u> _____	<u>Ability:</u> _____
<u>Hired:</u> _____	<u>Dept.:</u> _____	<u>Salary/Wages:</u> _____
<u>Will Report:</u> _____	<u>Approved:</u> _____	<u>Position:</u> _____