



Employment Application

1115 E Ozark Ave
Gastonia, NC 28054
Phone: 704-869-0101
Fax: 704-869-0102
Email: matt@chsonsconstruction.com

www.chsonsconstruction.com

Commercial & Industrial Construction

APPLICANT INFORMATION (Please print)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____ Do you have a valid driver's license? YES NO
 YES NO

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 YES NO YES NO

Have you ever worked for this company? YES NO If so, when? _____
 YES NO

Have you ever been convicted of a felony? YES NO
 YES NO

If yes, explain: _____

AFFIRMATIVE ACTION (Please print)

EMPLOYEE VOLUNTARY INFORMATION

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Are you male or female? Male Female Marital Status? _____

Please check one of the following Equal Employment opportunity Identification Groups:

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- American Indian/Alaskan Native
- Asian/Pacific Islander
- Multiracial (having parents of different races)
Recognized only in the State of Michigan

Emergency Contact: _____ Phone Number: _____

Date of Birth: _____

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

TO BE COMPLETED BY MANAGER (Confirmation of Hiring)

Company: _____ City / State: _____

Hire Date: ____ / ____ / ____ Supervisor: _____

Pay Rate: Hourly \$ _____ Salaried \$ _____ Commissioned/Piecework \$ _____

Employment Status: Full-Time Part-Time Temporary Seasonal Other _____

Job Title: _____ Exempt Non-Exempt

Completed by (Manager): _____ Worksite(s): _____ / _____

EDUCATION

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Degree: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

EMPLOYMENT HISTORY

Starting with your present or most recent employer. Additional employment may be listed on a separate page.

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Please list any special skills, training, qualifications, licenses, certifications, additional languages spoken, etc.:

MILITARY SERVICE

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information, which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made, and that I, upon written request tot the Company made within a reasonable amount of time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE THE Company to request and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character, or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that submitting this application, I agree to medical evaluations and/or examinations, including test for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to or during employment.

Signature: _____ Date: _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period.