



Established 1971

APPLICATION FOR EMPLOYMENT

Carl Owen Construction Inc. is an Equal Opportunity Employer. Applicants will be considered without regard to race, citizenship, creed, color, gender, religion, age, national origin, marital status, physical or mental disabilities, sexual orientation or veteran status. Carl Owen Construction proved reasonable accommodations, upon request in accordance with State and Federal Laws. An applicant's failure to provide future, accurate and complete information in this application will be grounds for permanent disqualification from employment, present and future

EMPLOYMENT DESIRED				
POSITION	DATE		SALARY	
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
PERSONAL INFORMATION				
LAST NAME	FIRST NAME		MIDDLE INITIAL	
PRESENT ADDRESS	CITY	STATE	ZIP	
PREVIOUS ADDRESS	CITY	STATE	ZIP	
PHONE NUMBER ()	EMAIL ADDRESS			
REFERRED BY				
DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING AGAINST YOU?			YES	NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A ROUTINE TRAFFIC OFFENSE? CONVICTION DOES NOT NECESSARILY RESULT IN DISQUALIFICATION FROM EMPLOYMENT			YES	NO
DO YOU HAVE A VALID DRIVERS LICENSE?			YES	NO
DO YOU HAVE A RELIABLE TRANSPORTATION?			YES	NO
ARE YOU AVAILABLE TO TRAVEL AND WORK OVERNIGHT			YES	NO
EDUCATION HISTORY				
	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE/ GRADUATE SCHOOL				
TRADE, BUSINESS OR GRADUATE SCHOOL				
SKILLS				
ARE YOU PROFICIENT IN ANY LANGUAGE OTHER THAN ENGLISH? IF SO, PLEASE PROVIDE LANGUAGE AND LEVEL OF PROFICIENCY.				
PLEASE LIST ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER				

FORMER EMPLOYERS (LIST THE LAST FOUR EMPLOYERS STARTING WITH THE MOST RECENT)

DATE MONTH & YR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (LIST BELOW THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS & PHONE	BUSINESS	YEARS KNOWN
PERSONAL				
PROFESSIONAL				
PERSONAL				
PROFESSIONAL				
PERSONAL				
PROFESSIONAL				

CERTIFICATIONS (PLEASE LIST ANY TRAINING OR CERTIFICATIONS YOU CURRENTLY HAVE)

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AUTHORIZATION

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that any falsified statements and/or omissions on this application shall be grounds for immediate and irrevocable dismissal

I authorize the investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the Company from all liability for any damage that may result from utilization of such information

I also understand and agree that if hired, I will be an employee "at-will". The company will be free to terminate my employment at any time, with or without notice or prior action, for any reason or no reason, and with or without cause. I will also be free to terminate my employment on the same basis.

As an "as-will" employee, I understand that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing in unless it is in writing and signed by the President of the Company

Federal law prohibits the employment of unauthorized aliens. All persona fired must submit satisfactory proof of employment authorization and identity within three (3) days of hire. Failure to submit such proof shall result in immediate termination of employment

Carl Owen Construction participates in E-Verify (Employment Verification). Upon hire, the Company will provide information from the I-9 form to the department of Homeland Security (DHS) and the Social Security Administration (SSA) to verify the identity of all personals hired to work in the United States.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant Federal and State laws.

If I am employed, I understand that the application will become part of my permanent employment record.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed by the Company

This application is valid for 90 days

SIGNATURE OF APPLICANT	DATE
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