

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer



Position(s) Applying For _____		Date of Application _____	
Last Name	First Name	M.I.	
Address (Street Number and Name)	City / Town	State	Zip Code
Have you lived at this address for three (3) years or more?	Yes	No	
If answering "NO" please list your previous address above.			
Did you live at this address for three (3) years or more?	Yes	No	_____ Email Address
Home Phone Number (____) _____ - _____	Mobile Phone Number (____) _____ - _____		
List any other name(s) under which you attended school or were employed. _____			
How did you learn about us?			
Advertisement	Friend	Walk-In	
Employment Agency	Relative	Other: _____	
Are you under eighteen (18) years of age, can you provide required proof of your eligibility to work?	Yes	No	
Note: Proof of citizenship or immigration status will be required upon start of employment. (A USCIS Form I-9 must be completed)			
Have you ever completed an application with us before?	Yes	No	If Yes, provide date: _____
Are you currently employed?	Yes	No	
May we contact your present employer?	Yes	No	If Yes, contact name: _____
Are you currently on "lay off" status and subject to recall?	Yes	No	If Yes, recall date: _____
Have you ever been convicted of, or pled guilty or no contest to a misdemeanor or a felony such as fraud, embezzlement or misappropriation of funds, or false use of financial instruments, or ANY kind of crime involving honesty? (An affirmative answer will not necessarily preclude employment.)			
	Yes	No	
If yes, provide date, place, charge and disposition: _____			
Note: A criminal background check may be conducted by the Pennsylvania State Police as required by Act 34. Employees may be required to complete Pennsylvania Child Abuse History Clearance forms as required by Act 151.			
Do you have any limitations regarding hours that you can work?	Yes	No	If Yes, please explain: _____
Do you have any travel restrictions?	Yes	No	If Yes, please list and provide detail : _____
Do you have reliable transportation?	Yes	No	
Do you have any friends or relatives employed by Keystruct Construction, LLC	Yes	No	If Yes, please list name(s) and relationship below
If selected, when are you available to start work / date? _____			

Do you have a current:

First Aid Certification Yes No Expiration Date: _____ Certifying Agency: _____
 CPR Certification Yes No Expiration Date: _____ Certifying Agency: _____
 OSHA Ten (10) Hour Construction Safety Certification Yes No
 OSHA Thirty (30) Hour Construction Safety Certification Yes No

U.S. Military Service

Branch of Service _____ Length of Service _____ Rank/Rate at Discharge _____
 Are you an active member of the Armed Services Reserve? Yes No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you fully able, with or without reasonable accommodation, to perform the essential functions of the job(s) for which you are applying? Yes No

Describe below how you would perform the job with or without a reasonable accommodation:

Do you have a Driver's License ? Yes No Issuing State: _____ DL #: _____ Class: _____
 Endorsements: _____ Expiration Date: _____

List all moving motor violations (other than parking violations) for the prior three (3) years:

Education

	Name & Address of School	Course of Studies	Years Completed	Diploma/Degree or Certification Obtained
High School or GED				
College				
Trade School				
Apprenticeship				
Military				
Other (Specify)				

Employment Experience: (If you need additional space, please continue on a separate sheet of paper.)

Start with your present or most recent employer. Include all employment and be complete, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, religion, gender, national origin, disability or other protected status or class.

Name of Employer		Street Address (City, State & Zip)	Phone No. (Area Code Included)
Date of Hire	Starting Salary/Wage	Starting Position	
Date of Separation	Current/Ending Salary/Wage	Current or Last Position	
Name & Position of Reporting Supervisor		Reason for Leaving	

Description of Your Responsibilities

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Description of Your Responsibilities

Comments (including explanation of any gaps in employment history):

List professional, trade, business civic activities and offices held. (You may exclude any association or membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected class):

References: Do not list relatives or past / present employers.

Name	Address	Daytime Telephone Number
		() -
		() -
		() -
		() -

Important Information and Understanding

1. Completeness and accuracy of information. I represent that all the information, now or hereafter given by me in support of my application for employment, is true and complete. I understand, that if I am hired, any false or misleading information in support of my application may be subject to discharge at any time during the period of my employment.

2. Authorization for release of information and release from liability. I authorize you to verify any information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquires and disclosures. A photocopy or other electronic reproduction of this authorization / release is binding, and may be relied upon.

3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

4. No written, oral, or implied contracts. I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.

5. Benefits may be altered. I understand that the Company at its option may change, delete, suspend, or discontinue any part of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the company.

6. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and tests. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.

7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.

I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.

Signature

Date