

Date: _____

FULLER CONSTRUCTION
An Equal Opportunity Employer

Personal Data:

Name: _____
Last First Middle

Social Security Number: _____

Local telephone number: 432- _____

Present Address: _____
Street City State Zip

Are you a U. S. citizen? Yes No

If not, do you have a registration card or a valid U. S. work permit? Yes No

Job Information:

Position you are seeking: Laborer Carpenter
 Concrete finisher Other

Rate of pay acceptable: _____ Date available to start: _____

Are you currently employed? Yes No If yes, may we refer to
your present Employer? Yes No

Have you ever worked for Fuller Construction or one of its subsidiaries?
 Yes No If yes, when? _____ where? _____ position? _____

Applying for: Full Time Part Time Seasonal Sub Contracting

Are you willing to travel out of town if needed? Yes No

Education:

	School Attended	Graduated	Major	Degree
High School		/ /		
College		/ /		
Business		/ /		
Technical		/ /		

List any of your special skills or training:

Drivers License:

Do you have a current valid drivers license? () Yes () No
State _____ License # _____ Exp. Date _____

Military Service:

Have you ever served in the U.S. Armed Forces? () Yes () No
If yes, what branch? _____ Rank _____
From: _____ To: _____
Honors or awards: _____
Special Training: _____

Previous Employment:

Company	Phone Number	Date Started	Date Left	Wage	Supervisor

Medical Information:

Fuller Construction requires that each employee is physically qualified to perform the tasks required by their job. As a condition of employment each employee may be required to take a physical examination as necessary for the safety and welfare of the employee or fellow employees.

Do you have any disabilities? () Yes () No If yes, explain: _____

Have you ever been compensated for a work related injury?
() Yes () No If yes, explain: _____

Are you currently under the care of a physician or have you been under the care of a physician in the last 6 months? () Yes () No If yes, explain: _____

Fuller Construction requires that each employee is free from the effects of drugs or alcohol while performing the tasks required of them for their jobs. As a condition of employment, each employee may be required to take a drug screening test at the time of employment, or at any other time during employment at the discretion of the company. Each applicant must also answer and agree to the following:

I have taken the following prescription or non-prescription drugs during the past 30 days: _____

I hereby consent to a pre-employment drug and alcohol screening test, and certify that, to the best of my knowledge, the foregoing answers are complete and correct. I understand and agree that any omission of this record may be cause for the disqualification of my application, or cause for my termination. Furthermore, if employed, I hereby authorize Fuller Construction to require me to take drug and alcohol screening tests in accordance with the current company policy covering drug and alcohol abuse. I understand that my refusal to take drug screening tests as required by the current company policy shall result in my immediate discharge.

Signature

Date

Employment References

Name and Address	Telephone	Relationship

Have you ever been convicted of a crime (other than minor traffic violations)?
 Yes No If yes, explain: _____

Statement and Signature:

In completing and submitting this application I understand and agree to the following: (a) Any misstatement of facts will be sufficient reason for immediate withdrawal of this application or, in the event of employment, be cause for termination. (b) My previous employers may be asked for information concerning my employment, character, ability and experience. (c) No question on this application has been answered in such a manner as to disclose my sex, race, color, religion, or natural origin. (d) If employed I may be required to furnish proof of age by birth certificate or baptismal certificate. (e) Abide by all rules and regulations set forth by Fuller Construction. (f) Fuller Construction shall be entitled to receive reports concerning injury or illness from attending physicians and practitioners.

Signature _____ Date _____

*** * * * * For company use only * * * * ***

Application accepted by: _____ Logged by: _____

Interview date and time: _____ Date of Employment: _____

Rate of Pay: _____ Referral: _____

Position: _____ Employee Number: _____

Physical date: _____