## **HEJ Construction Company, Inc.**

## **APPLICATION FOR EMPLOYMENT**

Name:	Social Security #:	
Address:	Telephone #:	
	Email:	
Are you over the age of 18?	Yes:_	No:
Will you work overtime and/or weekends, if necessary?		NO:
Are you willing to travel?		No:
Can you perform the duties of the job you are applying for?		No:
Position(s) Applying For (Be Specific):		
DRIVING HISTORY  If applying for a position which may require you to drive a vehicle, please answer the following:  Driver's License #: State: Expiration Date:  CDL License #: Endorsements:  Have you ever had any traffic violations or motor vehicle accidents within the past (3) years?  Yes: No: If yes, list dates and nature of violation(s) and/or accident(s):		
EDUCATION (Elementary/High S  Please circle last year completed 12345678910		
Special Training, skills, apprenticeship, vocational scho	ool (list machines, equipmer	nt operated or other
experience ):		

## **MILITARY SERVICE** Branch:\_\_\_\_\_ Months of Service: Present Classification:\_\_\_\_\_ Type of Discharge:\_\_\_\_\_ **EMPLOYMENT HISTORY** (Please explain any lapses in time(i.e. months, years) of employment.) **Employer #1(**present or most recent): Company:)\_\_\_\_\_ Supervisor:\_\_\_\_\_ Telephone:\_\_\_\_\_\_ Employed From(Month and Year): to Wkly Pay: Start: Finish: \_\_\_\_\_\_Reason for Leaving\_\_\_\_\_\_ **Employer #2(**present or most recent): Company:)\_\_\_\_\_ Supervisor: Address: Telephone:\_\_\_\_\_ Employed From(Month and Year):\_\_\_\_\_\_ to \_\_\_\_\_ Wkly Pay: Start:\_\_\_\_\_ Finish:\_\_\_\_\_ \_\_\_\_\_Reason for Leaving\_\_\_\_\_ **Employer #3(**present or most recent): Company:)\_\_\_\_\_ Supervisor:\_\_\_\_\_ Telephone: Employed From(Month and Year):\_\_\_\_\_ to \_\_\_\_\_ Wkly Pay: Start:\_\_\_\_\_ Finish:\_\_\_\_\_

**Equal Opportunity Employer** 

\_\_\_\_\_\_Reason for Leaving\_\_\_\_\_\_

DO NOT CONTACT: Employer Number(s):	Reason:
Read statement carefully before signing this applica	ation:
I understand that any omission or misrepresentatio or separation from my employment. By signing this on my driving record. Before employment with HES screen test by a doctor and lab selected by the C checks with employers listed on this application, ex by all rules and regulations of the Company.	application, I agree to a Motor Vehicle Report check I Construction Company, Inc., I will submit to a drug company. I grant permission to perform reference
Signature:	Date: