Western Construction Inc. Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of Westen Construction Inc.

Applicant name:	Date:			
Position(s) applied for or type of w	ork desired:			
Location(s) applying for work:				
Address:				
Telephone #:	Social Securit	ty #:		
Type of employment desired:	full-time	part-time	temporary	
Date you will be available to start w	work:			
Do you have any objection to working overtime if necessary? Can you travel if required by this position? Have you ever been previously employed by our organization? Can you submit proof of legal employment authorization and identity? If you are under 18, can you furnish a work permit if it is required?			Yes Yes Yes Yes Yes Yes	No No No No No No
Drivers license number (if driving Do you have a CDL? yes / no (cir How were you referred to us?	cle one). If yes, what typ	be:		
Employment History Please provide all employment info			-	
Employer:	Position held:			
Address:	Telephone #:			
Immediate supervisor and title:				
Dates employed: from	toSalary:			
Job summary (duties):				
Reason for leaving:				
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Employment History continued

Employer:		Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Hourly Wage / Salary:
Job summary (duties):		
Reason for leaving:		
Employer:		Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Hourly Wage / Salary:
Job summary (duties):		
Employer:		Position held:
Address:		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Hourly Wage / Salary:
Job summary (duties):		
Reason for leaving:		

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

List school name and location, years completed, course of study, and any degrees earned: High School:

College:_____

Technical Training:

Other:_____

References

List 3 references names, telephone numbers and years known (do not include relatives or employers):

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof with the required time shall result in immediate termination of employment.

As a condition of employment, I hereby voluntarily give my consent to this company and its designated agents to do urinalysis and/or blood testing for alcohol and/or controlled substances. Such testing may occur as a precondition to my being employed, or anytime during my employment with this company when there is reasonable cause to believe that violations of the "Alcohol and Drug Abuse Guidelines" exists. I understand that refusal to submit to such testing will result in my termination.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature:	Date:
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