



# PEPPERDAM

CONSTRUCTION COMPANY INC.

## APPLICATION INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

Date				
Name				
Social Security #				
Cell Phone #				
Email Address				
Current Address				
	Street	City	State	ZIP
Previous Address				
	Street	City	State	ZIP

## APPLICANT NOTE

This application form is intended for the use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are cause for terminating employment. All qualified applications will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or animal support because of blindness, deafness or handicap, or presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work you may be required to submit to a medical review. Depending on company policy and the needs of the job you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY				
Which position are you applying for?				
What date can you start?				
What category do you prefer?	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary
For which schedules are you available?	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekend	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overtime



# PEPPERDAM

CONSTRUCTION COMPANY INC.

<b>JOB RELATED SKILLS</b>			
Do you have a valid driver's license?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
What is the state of issue?			
Have you had any moving violations? If so, please describe:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DESCRIBE:

## **PREVIOUS EMPLOYERS**

PLEASE NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

<b>MOST RECENT EMPLOYER:</b>		
Are you currently working for this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #		
Dates Employed:	From:	To:
Location:	City:	State:
Salary:	HOUR/WEEK/MONTH	
Reason for Leaving:		

<b>SECOND MOST RECENT EMPLOYER:</b>		
Are you currently working for this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #		
Dates Employed:	From:	To:
Location:	City:	State:
Salary:	HOUR/WEEK/MONTH	
Reason for Leaving:		

<b>THIRD MOST RECENT EMPLOYER:</b>		
Are you currently working for this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone #		
Dates Employed:	From:	To:
Location:	City:	State:
Salary:	HOUR/WEEK/MONTH	
Reason for Leaving:		



# PEPPERDAM

CONSTRUCTION COMPANY INC.

## REFERENCES

Include only people familiar with your work ability. Do not include relatives.

NAME	ADDRESS	PHONE	YRS KNOWN	RELATIONSHIP

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or the company.

CERTIFICATION	DATE EARNED	NOTES

Have you used any names or Social Security Numbers other than given above? If so, please list.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you understand these essential functions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Can you perform the essential functions of this job with or without reasonable accommodation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



# PEPPERDAM

CONSTRUCTION COMPANY INC.

## SECURITY

List all states and counties of residence for the past seven years.	
---------------------------------------------------------------------	--

Have you used any names or Social Security Numbers other than given above? If so, please list in the comments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a crime in the past seven years? If so, please describe in the adjacent boxes. Conviction will not necessarily prevent employment. In accordance with company policy and application of state and federal laws, factors such as age at the time of the offense, the remoteness of offense, time since last conviction, nature of the job sought, and rehabilitation effort will be reviewed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please indicate the highest level of education achieved:	
If your school record is under a different name than listed on page 1, please enter that name here:	

	NAME	CITY/STATE	GRADUATE?	
High School			<input type="checkbox"/> YES	<input type="checkbox"/> NO
College			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other			<input type="checkbox"/> YES	<input type="checkbox"/> NO



**PEPPERDAM**  
CONSTRUCTION COMPANY INC.

**CERTIFICATION AND RELEASE**

I certify that I have read and understood the applicant note on page one of this form and that the answers given by me to the following questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify and hereby release any said persons, schools, companies, and law enforcement authorities from any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

---

**SIGNATURE**

---

**DATE**