



**WHALEY CONSTRUCTION COMPANY, INC.**

**Application for Employment  
An Equal Opportunity Employer**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**An equal opportunity employer, Whaley Construction Co., Inc. does not discriminate in its employment decisions on the basis of race, religion, genetic information, color, national origin, gender, age, military status, disability, or any other basis that would be in violation of any application federal, state, or local law.**

**BASIC JOB DESCRIPTION**

Perform tasks involving physical labor at building construction projects. May operate hand and power tools of all types. Examples are but not limited to air hammers, earth tampers, along with various other equipment and hand tools. Would involve cleaning and preparing project sites, have the potential to work in excavations, has the potential to assist in steel erection, have the potential to assist in erecting scaffolding, have the potential to assist in cleanup of rubble and debris. Have the ability to lift 80 lb bags if or when needed. At times, may be instructed to assist other crafts on site in order to meet project deadlines. In time, may have the opportunity to gain certification in order to operate heavy equipments used on project sites.

**PERSONAL INFORMATION**

Are you 18 years of age or older?      Yes      No

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NAME (First, Middle, Last) ALIAS (If applicable)

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PRESENT ADDRESS CITY STATE ZIP CODE

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PERMANENT ADDRESS CITY STATE ZIP CODE

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PHONE NO. EMAIL ADDRESS

**EMPLOYMENT DESIRED**

Position Applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

- Are you employed?            Yes            No
  - If so, may we inquire of your present employer?    Yes            No
- Have you ever applied to this organization before?    Yes            No
- Have you ever worked for this organization before?    Yes            No
- Do you have any relatives who are employed by this organization?    Yes            No
  - If so please provide details: \_\_\_\_\_
- If hired, can you provide written evidence that you are authorized to work in the U.S.?    Yes    No
- How were you referred to our organization? \_\_\_\_\_

**EMPLOYMENT HISTORY**

*Please list employment history starting with your most recent employer*

Dates Employed (Month & Year). From: \_\_\_\_\_ To: \_\_\_\_\_  
Name & Address of Employer: \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Position: \_\_\_\_\_ Salary or Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates Employed (Month & Year). From: \_\_\_\_\_ To: \_\_\_\_\_  
Name & Address of Employer: \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
Position: \_\_\_\_\_ Salary or Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** *continued*

Dates Employed (Month & Year). From: \_\_\_\_\_ To: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_ Supervisors Name \_\_\_\_\_

Position: \_\_\_\_\_ Salary or Rate of Pay: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have your own tools?      Yes      No
  - If yes, please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION HISTORY**

<b>Name &amp; Location of School</b>	<b>Years Attended</b>	<b>Did you graduate?</b>	
Grammar School:		Yes	No
High School or Equivalent:		Yes	No
College:		Yes	No
Technical or Other:		Yes	No

**U.S. MILITARY HISTORY**

Branch of Service: \_\_\_\_\_ Rank and Type of Service: \_\_\_\_\_

Date of Service: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Training/ Experience Required \_\_\_\_\_

**EQUIPMENT QUALIFIED TO OPERATE**

Drivers License No. \_\_\_\_\_ Class of License \_\_\_\_\_

<b>Equipment Type</b>	<b>Where Operated</b>	<b>Years of Experience</b>	<b>Certification</b>		<b>No. &amp; type</b>
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

- Have you ever been convicted of a felony?            Yes            No
  - If yes, please explain each conviction, the nature of offense(s), date of offense(s), location, sentences(s) imposed, and type(s) of rehabilitation.

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**PROFESSIONAL REFERENCES (Excluding Relatives)**

<u>Name</u>	<u>Address</u>	<u>Business</u>	<u>Years Known</u>

Please provide any additional information relating to your licenses, technical certifications and/or professional memberships with regards to the job for which you have applied. Do not include information which would denote race, color, sex, age, national origin, disability, ancestry, religious, or political affiliation.

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**APPLICANT'S STATEMENT**

I understand Whaley Construction Co. Inc. follows an "employment at will" policy, and that I or Whaley Construction Co. Inc., may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by Whaley Construction Co. Inc.

I understand this application is not a contract of employment and no offer of employment has been made. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand Whaley Construction Co. Inc. will thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorized all individuals, schools, and firms named therein, except my current employer, if so noted to provide any information requested about me (current employers may be contacted after an offer of employment has been accepted by me), and I release them of and from all liability from damages in providing this information. I also understand I may be required to submit to and pass a substance abuse test and medical examination as a condition of employment.

My signature below certifies that this application was completed only by me, and all entries on and information in it are true, correct, and complete to the best of my knowledge. In the event of an offer of employment or employment, I understand and agree that any interviews may result in withdrawal of my offer to employment or discharge from employment.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_