



## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

DATE: \_\_\_\_\_

Full Name:	Social Security No.:	Phone Number:
Street Address:		City:
State:	Zip Code:	Referred By:

### EMPLOYMENT DESIRED

Position you are applying for:	Date you can start:	Desired salary:
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	If needed, are you willing to work overtime or weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you applied with us before? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when and where did you apply with us?	

### EDUCATION

Name & Location	Yrs. Attended	Graduation date	Major
High school			
College			
Trade or Business School			

**GENERAL INFORMATION**

List special skills, training, Licenses or certificates:	
U.S. Military or Naval Service:	Rank:

**FORMER EMPLOYERS** (List below your last 4 employers starting with the last one first.)

Date Month and year	Name and address of employer	Ending Salary	Position	Reason for Leaving	May we contact?
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					
From					YES <input type="checkbox"/> NO <input type="checkbox"/>
To					

**REFERENCES** (Please list 3 PERSONAL references.)

Name	Relation to you	How long have you known each other?	Their phone number	Their e-mail address

**DRIVING AND CRIMINAL HISTORY**

Do you have a valid Driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>
Please tell us about any driving infractions that are on your record: _____ _____ _____
Do you give CTC permission to check your driving records? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you been convicted of a felony in the last 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered yes, please explain: _____ _____ _____
You may add additional sheets of paper if you need more room to explain your conviction.
Are you willing to submit a background check? YES <input type="checkbox"/> NO <input type="checkbox"/>

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of your resume with this application. (This is optional but highly recommended.)

Cliff Thorn Construction is an equal opportunity employer. We will not discriminate based on race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a protected veteran.