



P.O. Drawer 3004
Mobile, AL 36652
251-433-6969

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email (optional) _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Other special training or skills (languages, machine operation, etc) _____

How did you learn of our organization? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

General Information

Do you have a current driver's license? YES NO

If yes, please furnish: Driver's License No. _____ State _____ Expiration Date _____

Can you begin work immediately? _____ if not, earliest date you can begin _____

Which of the following jobs are you applying for? Laborer _____ Welder _____

Crane Operator _____ Office Staff _____ Tractor-Trailer Driver _____ Other _____

List below any additional information that might be helpful, including training, education or work experiences not previously listed. _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(Exclude those which may disclose your race, color, religion or national origin)

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

<input type="checkbox"/>	Provide dates you attended school: Elementary: From _____ To _____ High: From _____ To _____ College: From _____ To _____ Other (give name and dates) _____	<input type="checkbox"/> Height _____ Ft. _____ In. <input type="checkbox"/> Weight _____ Lbs. <input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Date of Marriage _____
<input type="checkbox"/>	Do you have any physical defects which would prohibit you from doing certain types of work? _____ If answer is yes, please describe _____ _____	
<input type="checkbox"/>	How long at present address? _____ Years	
<input type="checkbox"/>	How long at previous address? _____ Years	

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Company Policies

PER DIEM POLICY

An employee is entitled to \$23.00 per night for each night he stays away from his permanent place of residence. This pay will be void if an employee fails to give his foreman a minimum of one week's notice of his intentions to quit. An employee who commutes to and from the job on his personal car or truck also voids the per diem pay.

CHARGE ACCOUNT POLICY

The first thing you must do before purchasing an item, you must call the office and get a Purchase Order Number. When you sign a charge account ticket of any kind, you must be sure to put on the ticket, below your name, the following information: name of job for which the items are being purchased and the piece of equipment for which each item is being bought. Violation of this policy is grounds for dismissal.

EEO POLICY

This Company is and equal opportunity employer. This company does not discriminate on the basis of race, religion, sex, color or national origin. Our EEO policy includes, but is not limited by: employment upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including, apprenticeship, pre-apprenticeship, and/or on-the-job training.

SAFETY POLICY

It is our objective to provide you with a safe, non-hazardous job with our company. Please report any dangerous conditions to your foreman immediately. Every accident, no matter how small, must be reported to your foreman at once.

I hereby certify that I have read and understand the above policies and conditions of work with the company that this application is being submitted to. I also authorize the company to consult with former employers and physicians to verify this information. I understand false information will subject me to dismissal and could prevent me from receiving workman's compensation benefits.

Signature of Applicant _____ Date _____