

*"Founded with Pride, Distinguished by Quality"*



*Building · Renovations · Additions*



## EMPLOYEE APPLICATION

### PERSONAL INFORMATION

Today's Date \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Other Phone (Please specify) \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about *Broton Contracting*? \_\_\_\_\_

Do you have a valid Driver's License? *Circle one.* Yes No State \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you legally authorized to work in the United States? *Circle one.* Yes No

Position(s) applied for: \_\_\_\_\_

Employment desired: *Circle one.* Full-Time Part-Time Seasonal

Are you willing to take a pre-employment physical? *Circle one.* Yes No

When are you available to start work? \_\_\_\_\_

### EDUCATION AND CERTIFICATIONS

High School	_____	_____	_____
	Name and Location of School	Area of Study	Did you graduate?

College	_____	_____	_____
	Name and Location of School	Area of Study	Did you graduate?

Trade School/ Other	_____	_____	_____
	Name and Location of School	Area of Study	Did you graduate?

Other trainings, certifications, or licenses held: (ex: CPR certification, OSHA 40, QuickBooks training, machinery certifications, etc.)

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

# EMPLOYEE APPLICATION

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## EMPLOYMENT

Employer 1, Name and Address

Start & End Date

Position/Title

Duties, Skills Used

Employer 2, Name and Address

Start & End Date

Position/Title

Duties, Skills Used

Employer 3, Name and Address

Start & End Date

Position/Title

Duties, Skills Used

## REFERENCES

Reference 1, Name

Company (*if applicable*)

Relationship to Above

Phone

Reference 2, Name

Company (*if applicable*)

Relationship to Above

Phone

Reference 3, Name

Company (*if applicable*)

Relationship to Above

Phone

## OTHER

Please list your strengths related to the position that you are applying for.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature

Date