

# GIBBS CONSTRUCTION, L.L.C.

## APPLICATION FOR EMPLOYMENT

### I. PERSONAL INFORMATION

Name	Date
Social Security No.	Phone No.
Present Address   <i>(Street, City, State, Zip)</i>	
Permanent Address   <i>(Street, City, State, Zip)</i>	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired	Salary Desired
What method of transportation will you use to get to work?	
Have you ever applied to or been employed by this company?	
Dates of employment	Supervisor

### II. RECORD OF EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	YEARS ATTENDED	DIPLOMA OR DEGREE?
High School				
College				
Other				

### III. SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our organization?

### IV. WORK HISTORY

NAME, ADDRESS, PHONE & TYPE OF BUSINESS	FROM		TO		DESCRIBE WORK YOU DID	WEEKLY START SALARY	WEEKLY END SALARY	REASON FOR LEAVING	SUPERVISOR
	Mo	Yr	Mo	Yr					

May we contact the employers listed above?  Yes  No  
 If not, indicate which one(s) you do not wish us to contact.

**V. PERSONAL REFERENCES** (Not Former Employers or Relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER

**VI. MILITARY SERVICE RECORD**

Were you in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, what branch?</i>	
Dates of Duty   From	To
List duties in the service, including special training	

**VII. EMERGENCY**

In case of emergency, notify -
Name
Address
Telephone No.
Relationship

**VIII. DRIVING HISTORY**

1. Information as it appears on your current driver's license -		
Name	License No.	
Date of Birth	Chauffeur License No	
Issuing State	Expiration Date	
2. During the last three years, have you had any moving traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain</i>		
<u>Date</u>	<u>Offense</u>	<u>Fine/Penalty</u>

**VIII. DRIVING HISTORY (CONT'D)**

3. Have you ever had license suspension/revocation or citation for DWI?  Yes  No *If so, when and where?*

4. During the last five years, has your operation of unlicensed equipment ever resulted in –

A. Damage to your equipment?

B. Damage to property of others?

C. Bodily injury to others?

*I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.*

Date | \_\_\_\_\_ Signature | \_\_\_\_\_