



HARKEY CONSTRUCTION

General Building Contractors

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(Harkey Construction, Inc. is An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

EMAIL

ARE YOU 18 YEARS OR OLDER?

Yes

No

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW? Y/N

IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER? Y/N

EVER APPLIED TO THIS COMPANY BEFORE? Y/N

WHERE?

WHEN?

EVER WORKED FOR THIS COMPANY BEFORE? Y/N

WHERE?

WHEN?

REASON FOR LEAVING

NAME OF LAST SUPERVISOR AT THIS COMPANY

WHO REFERRED YOU TO THIS COMPANY?

EMPLOYMENT AGENCY

JOB AD

FRIEND

OTHER

STATE EMPLOYMENT OFFICE

COLLEGE PLACEMENT SERVICE

WALK-IN

EDUCATION

NAME AND LOCATION OF SCHOOL

*NO OF
YEARS
ATTENDED

*DID YOU
GRADUATE?

SUBJECTS STUDIED

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS OR
CORRESPONDENCE
SCHOOL

LAST

FIRST

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE

RANK

FORMER EMPLOYERS (LIST BELOW LAST EMPLOYERS, STARTING WITH MOST RECENT FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER		POSITION	REASON FOR LEAVING
FROM				
TO				
DESCRIPTION OF WORK				
	MAY WE CONTACT YOUR SUPERVISOR? Y/N	NAME OF SUPERVISOR TITLE PHONE NUMBER		
FROM				
TO				
DESCRIPTION OF WORK				
	MAY WE CONTACT YOUR SUPERVISOR? Y/N	NAME OF SUPERVISOR TITLE PHONE NUMBER		
FROM				
TO				
DESCRIPTION OF WORK				
	MAY WE CONTACT YOUR SUPERVISOR? Y/N	NAME OF SUPERVISOR TITLE PHONE NUMBER		
FROM				
TO				
DESCRIPTION OF WORK				
	MAY WE CONTACT YOUR SUPERVISOR? Y/N	NAME OF SUPERVISOR TITLE PHONE NUMBER		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

DO YOU AGREE TO A BACKGROUND CHECK IF OFFERED THE POSITION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU AGREE TO A DRUG & ALCOHOL TEST, IF OFFERED THE POSITION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DO YOU AGREE TO A DMV RECORD CHECK, IF OFFERED A POSITION THAT REQUIRES DRIVING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

AUTHORIZATION

"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. I UNDERSTAND THAT ANY JOB OFFER GIVE IS CONTINGENT UPON A SUCCESSFUL REVIEW OF THE ABOVE INFORMATION, BACKGROUND CHECK AND OTHER APPLICABLE LICENSES RECORDS OR TESTS.

I ALSO UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY MYSELF AND AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE

SIGNATURE