

BELL & ASSOCIATES CONSTRUCTION, LP

Application for Employment

Date Received in Office:

Bell & Associates Construction, LP Company, Inc. is An Equal Opportunity Employer.

Bell & Associates Construction, LP seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of a qualified applicant's race, color, religion, sex, age, disability, national origin, citizenship, veteran status or any other characteristic protected by state or federal law.

PERSONAL INFORMATION (Please Print)

Check this box if you are being REHIRED

Telephone Number: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____
Street City State Zip

EMAIL ADDRESS _____

Social Security No. _____ Are you over the age of 18? Yes No

Are you legally eligible for employment in the U.S.? Yes No Have you ever served in the military? Yes No

Have you ever been convicted of a felony or misdemeanor (exclude minor traffic violations)? Yes No

If yes, please explain: _____

Referred By: AD Employee: Walk-in Agency Other

Employment Desired

Position Desired _____ Date you can start _____

Are you currently employed? _____ If so, may we contact your present employer? Yes No

Have you ever worked with us before? Yes No What was your reason for leaving? _____

Do you know or are you related to anyone who works for this company Yes No

If yes, Please identify and state relationship _____

Education/Training

Name of School or Program	Location (City & State)	Main Course of Study or Trade	Did you Graduate?	Grade Average	Degree or License

Are there any other job related experiences, skill, or qualifications which will be of special benefit in the job for which you are applying?

Employment History

Company	City/St	Job Title	Supervisor	Telephone	Dates employed	Salary/Wage
Specific Duties:			Reason for Leaving:			
Specific Duties:			Reason for Leaving:			

If you need additional space, please use the back.

Please Read Before Signing

- I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.
- I understand that part of the application process may include submitting to a drug test to determine the use of illegal drugs. I understand that positive findings will result in immediate disqualification and the removal of my name for consideration for the position for which I am applying.
- I further understand and agree that my employment will be at will. I understand and agree that my employment is for no definite period and may, regardless of the date of payment or wages or salary, be terminated for any reason and at any time without previous notice by the company or me.
- This application is good for 45 days from the date received.

Signature: _____

Date: _____