

SCHICKEL CONSTRUCTION CO. INC. EMPLOYMENT APPLICATION

DATE:

SOCIAL SECURITY NUMBER:

NAME:

ADDRESS:

HOW LONG HAVE YOU LIVED THERE?

PHONE NUMBER:

POSITION APPLIED FOR:

PRESENT EMPLOYMENT:

DATE YOU CAN START:

ACCEPTABLE SALARY:

LIST OWN TOOLS ON HAND:

LAST YEAR OF EDUCATION COMPLETED:

SCHOOL:

PROFESSIONAL COURSES:

LIST ANY MEDICAL PROBLEMS WHICH COULD EFFECT YOUR ABILITY TO
PERFORM DUTIES ASSOCIATED WITH THE POSITION APPLIED FOR:

DO YOU HAVE A VALID N.Y.S DRIVER'S LICENSE AND A CLEAN DRIVING RECORD?

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK?:

I HEREBY ATTEST THAT THE INFORMATION GIVEN IN THIS APPLICATION IS
TRUE, CORRECT, AND COMPLETE. I AUTHORIZE INVESTIGATION ON ALL
STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT
MISREPRESENTATION OF INFORMATION IS CAUSE FOR DISMISSAL.

SIGNATURE AND DATE:

PLEASE COMPLETE EMPLOYMENT HISTORY & REFERENCES ON REVERSE