



Employment Application

"Equal Opportunity Employer and a Drug Free Work Place"

Applicant Information

Name: Last First M.I. Date:

Address: Street Address City/State/Zip

Phone: Email:

Date Available: Social Security #:

Position Applied for: Desired Hourly Rate: \$

Have you ever worked for Ken Gill Construction? Yes ___ * No ___
*If yes, when?

Have you ever been convicted of a felony? Yes ___ * No ___
*If yes, explain.

Are you a citizen of the United States? Yes ___ No ___ *
*If no, are you authorized to work in the U.S.?

Do you have any physical limitations that will affect your performing your job? Yes ___ * No ___
*If yes, explain.

Education

High School: Did you graduate? Yes ___ No ___ Degree:

College: Did you graduate? Yes ___ No ___ Degree:

Other: Did you graduate? Yes ___ No ___ Degree:



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Previous Employment

From: _____ To: _____ Beginning Rate: \$ _____ /Hr. Ending Rate: \$ _____ /Hr.

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ___ No ___

From: _____ To: _____ Beginning Rate: \$ _____ /Hr. Ending Rate: \$ _____ /Hr.

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ___ No ___

From: _____ To: _____ Beginning Rate: \$ _____ /Hr. Ending Rate: \$ _____ /Hr.

Company: _____ Supervisor: _____

Address: _____ Phone: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes ___ No ___

Any experience not included above that pertains to the line of work you're applying for? _____



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Professional References

Ref. 1

Company: _____ Name: _____

Relationship: _____ Phone: _____

Ref. 2

Company: _____ Name: _____

Relationship: _____ Phone: _____

Ref. 3

Company: _____ Name: _____

Relationship: _____ Phone: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Motor Vehicle Report

Ken Gill Construction requires a Motor Vehicle Report for each applicant. By providing the information below, you give Ken Gill Construction, LLC, W.E. Davis Insurance Agency, Inc. and the insurance companies they represent, permission for the information contained within this report to be obtained & released.

Date of Birth: _____

Driver's License #: _____

Do you have a CDL? Yes ___ No ___

*If yes, what type? _____

I certify all of the information submitted is true to the best of my knowledge. If this application leads to future employment, I understand any false/misleading information in my application and/or interview may result in my release.

Signature Date