

# Berry Bros. General Contractors, Inc.

## APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION			
Name:	Social Security No.	Driver's License No. & State:	Date:
Previous Last Name Used:	Current Street Address:		
City:	State:	Zip:	
Area Code & Home Phone No.	Area Code & Emergency Phone No.		
If not a resident at current address for 2 years, give previous address & phone number:		Lived There From:	To:
Citizenship (All persons, upon hiring, must verify citizenship status or provide valid authorization to work in the U.S.): Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, are you authorized to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List states and counties of residence for the past <u>7</u> years:			
Have you ever been convicted of a felony and/or served time? (A conviction will <u>not</u> automatically disqualify you from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, described fully:			
Do you have any relatives or friends working for this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and department:			
Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what department/location?			
B. JOB INTEREST			
Position Applying For:		Referred By:	
Type of employment desired (check one): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			
Shift Preference:		Salary Required:	
Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how often?	
Can you swim? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 21 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give age:	
C. EDUCATION			
Name & Address of School Attended		Did you graduate?	List Diploma or Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attending	
D. REFERENCES			
Please list two persons who know of your qualifications and work abilities (do not include relatives):			
Name	Address	Phone Number	Occupation
		( )	
		( )	

## YOUR EMPLOYMENT HISTORY

List below your Employment History, beginning with your most recent employer. Account for all periods of time, including part-time work, military service or unemployment. May we contact your present employer for references?  Yes  No

If additional space is needed, please attach supplemental information.

<b>E. EMPLOYER NAME &amp; ADDRESS</b>			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						
Reason For Leaving:				Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>F. EMPLOYER NAME &amp; ADDRESS</b>			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						
Reason For Leaving:				Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>G. EMPLOYER NAME &amp; ADDRESS</b>			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						
Reason For Leaving:				Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>H. EMPLOYER NAME &amp; ADDRESS</b>			From		To	
			Month	Year	Month	Year
Department:	Supervisor:	Area Code & Telephone Number:	Salary	Start:		
				End:		
Job Title & Description of Your Duties:						
Reason For Leaving:				Were You Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>SPECIAL SKILLS &amp; QUALIFICATIONS</b>	Please summarize special skills, qualifications, and civic, social or professional memberships.

**RELEASE**

I understand and certify that all information supplied in this application, and any attached resume, is complete and correct. Any false, misleading or incomplete information furnished by me regarding this application will result in the rejection of this application or, if employed, dismissal. If any information requested is prohibited by a specific state law, such information will not be considered an omission. I understand that in consideration of my employment, I agree to conform to the rules and regulations of the Company, and further agree that my employment and compensation are at the will of the Company and can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or myself. I understand and agree that these terms can only be modified in writing and signed by the President of the Company. No supervisor, representative, agent, or other employee of the Company has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms, nor can any policies or practices of the Company either written or oral, modify the above terms.

I have read, understand and agree with this statement. (Please initial here) \_\_\_\_\_

I agree to take any physical examination, including drug screening test, that the Company requires in accordance with the Americans With Disabilities Act.

I have read, understand and agree with this statement. (Please initial here) \_\_\_\_\_

**CONSENT TO OBTAINING CONSUMER REPORTS**  
**READ CAREFULLY BEFORE SIGNING**

- 1.) I have read the attached "Notice To Applicants/Employees Regarding Consumer Reports" and hereby authorize the Company to obtain consumer reports and/or investigative consumer reports as described.
- 2.) I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.
- 3.) I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.
- 4.) I authorize the Company, should they employ me to release employment references, if my employment becomes terminated for any reason.
- 5.) I understand that the Company's employment decision and my continued employment will be subject to the results of these inquiries.

I have read, understand and agree with this statement. (Please initial here) \_\_\_\_\_

I understand this application will be active for employment consideration for 60 days. After 60 days, if I wish to be considered for employment, I must contact the Company to determine if applications are being accepted.

By my signature below, I acknowledge that I have read and understood all of the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(A photocopy of this release shall be considered as valid as the original.)

Company Name \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Social Security number