

Blue Sky Construction, LLC

Application for Employment

Blue Sky Construction's policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____ Cell Phone _____

Home Telephone _____ Social Security # _____

E-Mail Address _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

Yes No (Evidence of such authorization is required.)

Are you willing to work overtime? Yes No

Are you willing to travel? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes No

If yes, please describe conditions. _____

Emergency Contact _____ Home Phone _____

Cell Phone _____

Email Address of Emergency Contact _____

Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post-College _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

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Responsibilities _____

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Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I authorize the Company to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my background checks with previous DOT regulated employers, my MVR, academic credentials, employment references, and drug testing. I further understand that any false information, misleading statements, or omission of facts will be sufficient cause for rejection of my application if the Company has not employed me and for immediate dismissal if the Company has employed me.

In the event of my employment with the Company, I will comply with all rules, regulations, and policies set forth in the Company's policy manual or other communications distributed by the Company. Further, I understand that I must immediately notify the Company if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to any criminal offense, while my application is pending or during my tenure as an employee.

I understand that nothing in this employment application, in the Company's policy statements or personnel guidelines, or in my communications with any Company official is intended to create an employment contract between the Company and me or for providing any benefit. I also understand that the Company has the right to modify any of its policies at any time without giving notice of the changes to me. No promises of employment have been made to me. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I hereby acknowledge that I have read and understand the preceding statements.

Signature _____ Date _____