



GENERAL CONTRACTORS CONSTRUCTION MANAGERS

501-374-8677 / FAX 501-375-7649

PRE-EMPLOYMENT APPLICATION

OFFICE AND FIELD OFFICE EMPLOYEES

Revised 01-05-11

Name of Applicant: _____

Date of Application: _____

Date of Interview: _____

Interviewer: _____

Contact Phone Number: _____

Position Applying For: _____

Attach appropriate position responsibilities to this form



BALDWIN & SHELL CONSTRUCTION COMPANY

PRE-EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

Note: This application is valid for 60 days. If you wish to be considered for employment after this 60-day period, a new application must be completed.

PERSONAL INFORMATION Please fill every blank space. Use N/A if answer is not applicable in your case DATE: _____

Name: _____ Social Security No.: _____

Present
Address: _____
Street City State Zip

Permanent
Address: _____
Street City State Zip

Telephone No. (____) _____ Are you 18 years or older? Yes ____ No ____

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Have you received a description of this job? (Pages 1 & 2 of this application) _____

Can you perform the essential functions of this job with or without reasonable accommodation? _____

Do you have reliable transportation? _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this Company before: _____ If so, where _____ when? _____

<u>EDUCATION</u>	Name and Location of School	No. of Years Attended	Did You Graduate?	Subjects Studied
Grammar	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade or Business	_____	_____	_____	_____

GENERAL

Number of years in the Construction Industry: _____

Military Service: _____ Rank: _____

Present Membership in National Guard Reserves: _____

Have you ever taken the AGC Certification Test? Yes ____ No ____

Baldwin & Shell Construction Company
Pre-Application Continued

FORMER EMPLOYERS (List last four starting with the last one)

Date/Month and Year	Name/Address of Employer	Name of Supervisor	Salary	Position	Reason for Leaving
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From _____
To _____

From _____
To _____

From _____
To _____

From _____
To _____

REFERENCES (Give the names of three persons, not related to you, whom you have known at least one year)

Name	Address	Business	Years Acquainted
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1. _____

2. _____

3. _____

In Case of Emergency Notify: _____
Name Address

Phone: _____

Have you ever been convicted of a crime, other than minor traffic offenses? _____

If so, please explain _____

Note: A prior conviction will not necessarily bar you from employment; however, the type of conviction and when it occurred will be considered.

CERTIFICATION

I certify that the information in this application is true and understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by the company. I also understand that, if hired, my employment is for no definite period and may be terminated at any time without written notice and that, absent a written contract signed by the President of the company; I will remain an at-will employee and can be terminated at any time without any notice.

I further understand that I may receive a conditional offer of employment but will be required to satisfactorily complete a medical history questionnaire and/or medical examination prior to being employed. I further understand and agree that I may be required to submit to a drug-screening examination at any time before I am offered a position or at any time during my employment, if I am hired.

Signed _____

Date _____

