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DATE: \_\_\_\_\_

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Tom Astrof Construction Incorporated will be based on merit, qualifications, and abilities. Tom Astrof Construction Incorporated, does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

Name:	Ph #	Msg #
Address:	Social Security #	
City/State/Zip:		

**Employment Desired:**

Position:	Date Available:
Salary Desired:	Are you currently employed?
Do you possess a valid WA State driver's license and Auto insurance?	
Do you possess a current First Aid/CPR card?	
Have you ever been convicted of a crime other than a minor traffic violation? Yes___ No___ If yes, provide details:	

**Education:**

Institute	Subject(s)
High School Graduated -Yes/No	
College Graduated -Yes/No	
Trade/ Business or Technical	
Subject of special study or research: _____	
Obtain Degree? - Yes/No	

**Former Employment:**

	Employer #1	Employer #2	Employer #3
Dates			
Company			
Address			

Supervisor			
Phone			
Position			
Salary			
Reason for Leaving			

**Physical Information:**

(This question is voluntary and will be kept confidential)

Do you have any physical condition that may limit your ability to perform the position applied for? Yes \_\_\_ No \_\_\_

If yes, please describe

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**References:**

**#1**

**#2**

Name		
Address		
Phone		
Company		
Years Known		

**In case of emergency, notify: (complete upon hiring)**

Name:	Address:	Ph. #:
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**Special Skills: (Indicate speed, knowledge (yes/no), or N/A if not knowledgeable)**

Excel	Word Perfect	Word	Accounting Software
Estimating Software	Typing Speed	Email/Internet	Power Point
Access	10-key (Sight/Touch)	Fax	Blueline Machine
Switchboard	Copier	Other	Other

**Construction Equipment (Please list)**


**Special Licenses (Please list)**

Type:
Type:
Notary Public for State of WA? ____ Yes ____ No
Other:

Other: (i.e. professional organizations)


I authorize investigation of all statements in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I understand that the right to terminate this employment relationship is at will, at any time, with or without cause, and is retained by Tom Astrof Construction Incorporated and myself. I understand that no one person in this company is authorized to make promises on behalf of Tom Astrof Construction Incorporated.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date