

**Richard E. Pierson**  
**CONSTRUCTION COMPANIES, INC.**

**APPLICATION FOR EMPLOYMENT:**

An Equal Opportunity Employer  
 Pre-Employment Questionnaire

**Personal Information:**

DATE:

SOCIAL SECURITY  
 NUMBER:

NAME:

LAST FIRST MIDDLE

PRESENT ADDRESS:

STREET CITY STATE ZIP

PERMANENT ADDRESS:

STREET CITY STATE ZIP

PHONE:

EMAIL:

ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF  
 YOUR PRESENT EMPLOYER? YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

DO YOU HAVE A VALID CDL? YES NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? WHEN?

POSITION DESIRED: DATE YOU CAN START: SALARY DESIRED:

**Education:**

NAME AND LOCATION OF SCHOOL

GRAMMAR SCHOOL: DID YOU GRADUATE? YES NO  
 YEARS ATTENDED:

HIGH SCHOOL: DID YOU GRADUATE? YES NO  
 YEARS ATTENDED:

COLLEGE: DID YOU GRADUATE? YES NO  
 YEARS ATTENDED:

SUBJECTS STUDIED:

TRADE BUSINESS OR CORRESPONDENCE SCHOOL: DID YOU GRADUATE? YES NO  
 YEARS ATTENDED:

SUBJECTS STUDIED:

U.S. MILITARY OR NAVAL SERVICE: RANK: PRESENT MEMBERSHIP IN NATIONAL  
 GUARD OR RESERVES? YES NO

**Former Employers:**

NAME AND ADDRESS OF EMPLOYER

FROM:		SALARY:	REASON FOR LEAVING:
TO:		POSITION:	
FROM:		SALARY:	REASON FOR LEAVING:
TO:		POSITION:	
FROM:		SALARY:	REASON FOR LEAVING:
TO:		POSITION:	
FROM:		SALARY:	REASON FOR LEAVING:
TO:		POSITION:	

**References:** GIVE THE NAMES OF TWO PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				

IN CASE OF EMERGENCY NOTIFY:

	PHONE NUMBER:
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"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATES OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE"

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

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