

**WAR Construction, Inc.**  
**Internet Applicant Information Form**  
**(We are an Equal Opportunity Employer)**

Position Desired: \_\_\_\_\_

Placement Desired: \_\_\_\_\_ Full Time      \_\_\_\_\_ Part Time      \_\_\_\_\_ Temporary

When are you available for work? \_\_\_\_\_

Applicant Statement

I understand that **WAR Construction, Inc.**, (hereinafter **WAR**), is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, creed, national origin, sex, religion, handicap or disability, or any other category protected by Law.

In making this application for employment, I understand that **WAR** may investigate my driving record and my criminal record and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize former and present employers, work and personal references listed in the application , and any other individuals I may name, to give **WAR** or its designees any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to **WAR**.

I understand that **WAR** reserves the right, to the extent permitted by Law, to require a medical examination and/or drug screening test as a condition of employment or at any time thereafter. I hereby give my consent to any such test or examination. I consent to the release of the results of any such test or examination to **WAR**.

I understand that this employment application and any other **WAR** documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period of ninety days from the date of my hiring. I further, understand that, if I am employed, I can terminate my employment with or without notice, at any time, and that **WAR** has a similar right. I understand that no manager or representative of **WAR** has any authority to enter into any agreement for employment for any specified period of time , or to make any agreement contrary to the foregoing, except that a corporate officer may do so in writing.

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the exclusive judgment of **WAR**), that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

THIS APPLICATION WILL BE CONSIDERED FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Personal Data

Last Name	First	Middle	Today's Date
Street Address			Social Security No.
City, State, Zip			Driver's License No.
Telephone Number			Are you 18 years or older?

## Emergency Information

In case of an accident or other emergency, who should we contact?

Last Name	First	Relationship
Street Address		Work Address
City, State, Zip		City, State, Zip
Telephone Number		Telephone Number

If hired, can you provide proof that you are legally entitled to work in the US?

Yes  No

Have you ever worked for **WAR** before?  Yes  No

If yes, please give dates and position: \_\_\_\_\_

Do you have any friends or relatives working here?  Yes  No

If yes, name: \_\_\_\_\_ Relationship: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Name of Referral Service: \_\_\_\_\_

(If you are applying for a position which involves driving a motor vehicle, please complete the Driver's Supplemental Information Form).

**Note: Answering "yes" to these questions does not constitute an automatic bar to employment.**

Have you been cited for a traffic violation of any kind within the last FIVE years?

Yes  No

If yes, please give date and details: \_\_\_\_\_

Have you been disqualified to drive a motor vehicle or had your operator's permit revoked, suspended, withdrawn or denied?

Yes  No

If yes, please give date and details: \_\_\_\_\_

Have you ever been disciplined by and employer or written up for violating a Company policy, OSHA, DOT, or MSHA safety rule?

Yes  No Explain: \_\_\_\_\_

## Education

School	Name and Location	Years Completed	Diploma /	Course of Study/Training
Elementary				
High School				
College/University				
Graduate/Professional				
Trade or Correspondence				

## Record of Previous Employment

Please list the names of your present or previous employers in chronological order with the present or last employer listed first. If self-employed, give firm name and supply business references.

Present/Last Employer	Employed (Month/Year): From: _____ To: _____	Pay/Salary Start : _____ Final: _____
Street Address	Your Title/Position:	Name of Supervisor:
City, State, Zip	Major Job Duties:	Reason for Leaving:
Telephone		

Previous Employer	Employed (Month/Year): From: _____ To: _____	Pay/Salary Start : _____ Final: _____
Street Address	Your Title/Position:	Name of Supervisor:
City, State, Zip	Major Job Duties:	Reason for Leaving:
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Present/Last Employer	Employed (Month/Year): From: _____ To: _____	Pay/Salary Start : _____ Final: _____
Street Address	Your Title/Position:	Name of Supervisor:
City, State, Zip	Major Job Duties:	Reason for Leaving:
Telephone		

List any other names you may have used and which will be necessary to verify your prior employment: \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed in road-building, building, or construction industries?

\_\_\_\_ Yes      \_\_\_\_ No

If yes, please describe your position, duties, length of service and other factors which may be relevant to the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Explain any craft-related training you have received: \_\_\_\_\_

\_\_\_\_\_

Explain any OSHA, MSHA, DOT, Hazard Communication or other safety training you have received: \_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated or asked to resign from any job? \_\_\_\_ Yes      \_\_\_\_ No

If yes, please explain the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_