

APPLICANT INFORMATION FORM



WAR CONSTRUCTION, INC. · P.O. Box 1218 · Tuscaloosa, AL 35403 · www.warconstruction.com
4300 Joe Mallisham Parkway · Tuscaloosa, AL 35401 · Phone: 205-758-4723 · Fax: 205-349-3425

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 dates 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 dates and details: _____

Have you ever been disciplined by an employer or written up for violating a Company policy, OSHA, DOT, or MSHA safety rule? Yes No

If yes, please explain: _____

Education

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

Are you currently attending school? Yes No
If yes, estimate graduation/completion date: _____

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:
Telephone		

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: _____

References

List name, address and telephone number of three references who are not related to you and are not previous employers.

Name		Address	
City	State	Zip	Phone

Name		Address	
City	State	Zip	Phone

Name		Address	
City	State	Zip	Phone

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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