



CONSTRUCTION, INC.

8134 Laurel Mill Rd P.O. Box 31
Ridgway, PA 15853
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EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name Date
LAST FIRST MIDDLE

Address
STREET CITY STATE ZIP

Phone Number (Day) (Evening)

Date of Birth Age Married? Children?

List all medical conditions that may limit your ability in performance or that we should know of in the case of an emergency

EMPLOYMENT DESIRED

Position(s) applied for? Date you can start? Wage desired?

Are you currently employed? If so, by whom?

May we inquire to your present employer?

Reason you are looking for a new job?

EDUCATION

	NAME	LOCATION	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

GENERAL

Certifications / Licenses / Special Skills / Activities

U.S. Military or Naval Service Rank Present Membership in National Guard or Reserves?

FORMER EMPLOYERS

(PLEASE LIST LAST 4 EMPLOYERS IN ORDER)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER (CITY & STATE)	WAGE / SALARY	POSITION & DUTIES	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Which of these jobs did you like best?

What did you like most about the job?

Have you ever been hurt on the job while working for previous employers? If yes, explain.

EXPERIENCE

List all equipment previously operated.

Do you have a current driver's license? State?

Do you have a current CDL? Class A or B? Do you have a current DOT Medical Card?

Was your license ever denied, revoked, or suspended? If yes, explain.

List all motor vehicle accidents/violations in the past 3 years.

REFERENCES

PLEASE GIVE THE NAMES OF 3 PERSONS **NOT** RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR, PREFERABLY EMPLOYERS/SUPERVISORS/COACHES/TEACHERS/ETC

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN
1			
2			
3			

OTHER

Do you consent to mandated drug and alcohol testing for pre-employment, random or suspicion?

Have you ever had a positive drug or alcohol test? If yes, month/year?

Do you certify that you do not presently use and will not use while an employee, either on or off the job, the drugs (or derivatives thereof): Amphetamines, cocaine, marijuana, opiates, and phencyclidine?

I certify that all the information I have provided is true and complete to the best of my knowledge. I am aware that missing, misleading or false information is grounds for non-hire or for termination after hiring.

I, the undersigned applicant, hereby grant my full permission to VCI to request information relating to employment and /or character reference by contacting the references I have listed on my employment application.

SIGNATURE **DATE**

COMMENTS: