

**Zandstra Construction, Inc.**

**Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons.

**Applicants will be required to pass a pre-employment drug screen test.**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objection to working overtime? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identify? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Driver's license number (if driving is an essential job duty): \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

Who should be contacted in case of accident? \_\_\_\_\_

**Employment History**

Please provide all employment information for your past two employers starting with the most recent.

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job summary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_

College/Technical/Other \_\_\_\_\_

**References**

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Zandstra Const., to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Zandstra Const., and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Zandstra Const., can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Zandstra Const., not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that if I am offered employment, I will be required to submit and pass a drug screen test, if the results are not available before employment begins, a failure to pass shall be immediate termination of employment.

I also understand a background check for various items may be performed. A separate release form will need to be signed. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Voluntary Self Disclosure**

Completion of this part is **voluntary** and will be used for Affirmative action purposes only. Failure to complete this part will not affect your opportunities for employment.

Race: \_\_\_\_\_ White Referral Source: \_\_\_\_\_ Walk-on  
\_\_\_\_\_ Black \_\_\_\_\_ Employee Referral(specify)  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Job Service  
\_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Other  
\_\_\_\_\_ American Indian or Native American

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age

Veteran \_\_\_\_\_  
Disabled Veteran \_\_\_\_\_  
Disabled \_\_\_\_\_

Do you have any physical limitations or past illness that will prevent you from satisfactorily performing the job for which you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain below the nature of your limitations and indicate what can be done to reasonably accommodate such limitations:

\_\_\_\_\_

\_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_