

**EMPLOYMENT APPLICATION**

**Two Penny Construction Corporation**  
(employment company for J. Benson Construction Corporation )

rev.1/15/09

**INSTRUCTIONS:**

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "NOTE TO APPLICANT" below.
2. Complete both sides of this form.
3. Print clearly; incomplete or illegible applications will not be processed.
4. **You must sign and date this application on page 2 for this to be a valid application. Submitting a resume only is not considered a valid job application.**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last*
*First*
*M.I.*

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
*Street*  
*City*
*State*
*Zip*

PRIOR ADDRESS: \_\_\_\_\_  
*Street*  
*City*
*State*
*Zip*

**NOTE TO APPLICANT**

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Employment with our company is "at-will". Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, religion, national origin, the presence of disabilities, sexual orientation, status with regards to public assistance, or any other characteristic protected by law, except as permitted by law when relevant to job requirements. Additional testing of job-related skills and for the presence of drugs, alcohol, or other substances may be required prior to employment, or during your employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to be examined by a medical professional designated by the company.

**AVAILABILITY**

For which position are you applying? \_\_\_\_\_

Are you legally able to work in the United States?  Yes  No Are you under the age of 18?  Yes  No

What date can you start \_\_\_\_\_ Which category would you prefer?  Full-time  Part-time  Temporary  Contract

For which schedules are you available?  Weekdays  Weekends  Days  Evenings  Overtime  Shift  Other \_\_\_\_\_

**EDUCATION**

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	# of yrs	Graduate?	Type of Degree
High School				
College				
Other				

**SECURITY**

Yes  No Have you been convicted of a DUI, misdemeanor, felony and/or served time in the past seven years? If so, please describe below.  
*(In accordance with company policy this information will be reviewed for job relatedness and time since last conviction and may not affect your eligibility to be hired.)*

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

**JOB-RELATED SKILLS**

Do you have the appropriate valid driver's license? \_\_\_\_\_ (Most positions require driving and your driving record may be checked by us)

DL# \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_

Have you had any moving violations in last 5 yrs? \_\_\_\_\_ Please describe \_\_\_\_\_

Please list any other skills, training, licenses or certificates that may be job-related or that you feel would be of value to this job or company. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT REFERENCES**

Your application may not be considered unless every question is answered. Since we will try to contact previous employers, the **correct telephone numbers for past employers are critical.**

MOST RECENT EMPLOYER	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you currently working for the "first" employer listed below?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, may we contact your current employer?</b>		(   )
	1. Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____		
	2. Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____		
SECOND MOST RECENT EMPLOYER	3. Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____		(   )
THIRD MOST RECENT EMPLOYER	3. Company Name _____ City _____ State _____ Phone Number _____ From (mon/yr) _____ To (mon/yr) _____ Dates Employed _____ Job Title _____ Supervisor's Name _____ Duties _____ \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly Pay _____ Reason for Leaving _____		

**REFERENCES**

**Include only individuals familiar with your work capabilities. Do not include relatives.**

NAME	City / State / Phone	Years Known / Relationship
1 .		
2 .		
3 .		

**CERTIFICATION**

By signing below, I certify that I have read and understand the "Note To Applicant" on page one of this form and that the answers given by me in this application are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also understand that the use of drugs, alcohol, and other substances is prohibited during my employment. If company policy requires, I am willing to submit to drug testing to detect the use of drugs, alcohol, or other substances prior to and during employment. If I am hired, I agree to conform to the policies and rules of the Company. I understand that if I am hired, my employment shall be "at-will," that I am not guaranteed employment for any definite period of time, and that my employment may be terminated at any time by the Company or me.

**RELEASE**

My signature below authorizes the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, credit history, and motor vehicle driving records. I authorize all persons, schools, companies, former employers and law enforcement authorities to release any information concerning my background and hereby fully and unconditionally release any said persons, schools, companies, former employers, and law enforcement authorities from any liability for any damage whatsoever for releasing this information.

Applicant Name (please print) \_\_\_\_\_

Signature (Read "Note To Applicant" on page 1 and agree to the "Certification" and "Release" statements above before signing) \_\_\_\_\_

Dated \_\_\_\_\_