



Construction Group, Inc.

Watson Construction Group, Inc.
Employment Application for Office Personnel

BASIC INFORMATION			
Date:		Position Applied for:	
First Name:		MI:	Last Name:
Street address:			Apt. No.:
City:		State:	Zip Code:
Cell phone #:		Referred by:	
PERSONAL			
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you currently employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
May we contact your present employer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have transportation to work?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has bond ever been refused? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Why?			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give dates and explain. A conviction will not necessarily disqualify you from employment.			
Remarks:			
Do you have any friends or relatives that work here? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?			
Are you available to work:		Fulltime <input type="checkbox"/>	Part-time <input type="checkbox"/>
		Temporary <input type="checkbox"/>	
Are there any hours, shifts or days you will not work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain:			
On what date are you available to work?			
Only U.S. Citizens or aliens who have legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes <input type="checkbox"/> No <input type="checkbox"/>			

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name:		Relationship:
Street Address:		Apt. No.:
City:	State:	Zip Code:
Home Telephone #:		Cell #:
Work Telephone #:		Employer:

SKILLS

I am skilled in the following:

Microsoft Word	<input type="checkbox"/>	Microsoft Power Point	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	PA Access	<input type="checkbox"/>
Microsoft ACT	<input type="checkbox"/>	Internet Access Including email, transfer and retrieval of documents	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	Typewriter/Fax/Copier	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	Other (please list)	

EDUCATION

SELECT HIGHEST YEAR OF SCHOOLING COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EDUCATIONAL DATA				
School	Print Name, City, State	No. of Years Completed	Degree	Major course of study
High School				
College				
Other				

EMPLOYMENT EXPERIENCE

List former employer, beginning with present or most recent. Account for all time periods including unemployment, self-employment, and military service. Attach separate paper if necessary.

EMPLOYMENT DATA					
Dates	Company name and address	Telephone	Salary	Your job title and supervisor	Reason for leaving
To:					
From:					
To:					
From:					
To:					
From:					
*Please state if name was different than current name					

List four (4) business references:

I hereby affirm that my statement and answers to all questions of this application are true and correct and that I have not knowingly withheld any factor or circumstances which, if disclosed, would affect my application unfavorably.

Signature of applicant: _____

Applicant is not to write below this line

Date Employed: _____ Position: _____ Grade: _____

Scheduled to start: _____ Rate: \$ _____ Per: _____

Payable: _____ To be reviewed: _____

Remarks: _____

Interviewed by: _____ Date: _____

Notice to Applicants

Watson Maintenance Services complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. If you are given a conditional offer of affiliation, you may be required to complete a post-affiliation offer medical history and/or undergo a medical examination.

Applicant's Statement

I understand that misrepresentation, omissions or facts, or incomplete information requested may result in my not being considered for affiliation.

I certify all statements given herein are true and complete and, if affiliated with Watson Maintenance Services, I understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for affiliation including contact of my previous employers, verification of education, a criminal background check, a driver's license history and any other information as may be necessary in arriving at an affiliation decision. I hereby release Watson Maintenance Services and all persons and organizations from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that I am required to abide by all rules and regulations of Watson Maintenance Services, and that my offer of affiliation may be contingent upon successfully passing a drug screen and other screens.

I understand that my affiliation with Watson Maintenance Services is for no specific term, except by written agreement by the president and may be terminated by me with or without notice or cause at any time and that Watson Maintenance Services has a similar right. I further understand that no oral promise, Watson Maintenance Services policy, custom, business practice or other procedure constitutes an affiliation contract or modification of the at-will affiliation relationship between me and Watson Maintenance Services.

Signature of applicant: _____

Date: _____