



10101 Superior Way, Amelia, VA 23002
 804-561-9255 804-561-5819 Fax
 www.superiorwallsva.com

Equal Opportunity Employer: We consider applicants for all positions on the basis of qualifications without regard to race, color, religion, sex, national origin, age, marital status, veteran status, sexual orientation or any other legally protected status.

APPLICATION FOR EMPLOYMENT

Please Print

First Name	M.I.	Last	
Present Street Address	City	State	Zip Code
Permanent Street Address	City	State	Zip Code
Phone Number(s) Where You Can Be Reached	Home:	Cell:	Work:

Please check all areas where you have experience (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Estimating | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Forklift Operator | <input type="checkbox"/> Metal Fabrication |
| <input type="checkbox"/> Concrete Finishing | <input type="checkbox"/> Fence Installation | <input type="checkbox"/> Office Administrative |
| <input type="checkbox"/> Concrete Forming | <input type="checkbox"/> General Labor | <input type="checkbox"/> Purchasing |
| <input type="checkbox"/> Construction Supervision | <input type="checkbox"/> Heavy Machinery Operator | <input type="checkbox"/> Quality Control |
| <input type="checkbox"/> Crane Operator | <input type="checkbox"/> House Framing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Logistics | <input type="checkbox"/> Truck Driver |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Manufacturing Assembly | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Drafting | <input type="checkbox"/> Masonry | <input type="checkbox"/> Other _____ |

Employment Desired

Position(s) Desired	Date you can start	Salary Desired (or hourly rate)
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you hear about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Online <input type="checkbox"/> Word of mouth	
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____	Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____ to _____	
If the position you are applying for requires driving, please provide the following:		
- Have you had any moving violations in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- If Yes, please explain: _____		
- Do you have a CDL-A license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
- Do you have a CDL-B license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you under eighteen (18) years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally qualified to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)	

Education History

Name & Location of School		Years Completed (circle)	Did you Graduate?	Major Course(s) of Study
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Technical School		1 2	Yes No	

Former Employers (List your last four employers, starting with your present or most recent position)

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed _____
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed _____
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed _____
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed _____
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

CDL Drivers: If you need more space to detail your work history, please use the back of the Signature page.

Special Skills & Qualifications

List any special job skills or training or U.S. Military Service training you've received:

List any trade, business or civic activities and offices held (you may exclude memberships which may reveal sex race, religion, national origin, age, disability, or any other protected status).

Personal References

Provide the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone	Years Known

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

CDL Drivers: Detail additional work history here

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____

Employer: _____	Reason for Leaving: _____
Address: _____	Dates Employed
Phone: _____	From: _____
Supervisor: _____	To: _____
Work Performed: _____	Salary or Hourly Wage: _____
Job Title: _____	May we contact this employer for a reference? _____