

Employment Application Page 1 of 3

981 Iowa Avenue, Suite A
 Riverside, CA 92507
 Phone 951-781-8055 Fax 951-781-1077
 www.caconstruction.net



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City		State	Zip
Home Phone	Cell	Fax	
Email		Position(s) Applied for	
Desired Salary		Date Available to Start	
Are you legally authorized to obtain employment and work in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Do you have a current/valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many hours can you work weekly?		Are you applying as? Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
Days you can work? Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>			

EDUCATION			
High School		City & State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		City & State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Business/Trade School/Other		City & State	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references, not related to you and not previous employers, with whom you have know for at least three years.</i>	
Full name	Relationship
Profession	Phone ()
Address	
Full name	Relationship
Profession	Phone ()
Address	

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PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	

SPECIAL SKILLS
Please summarize other experience you have that you think may be helpful to us as we review your application:

Employment Application Page 3 of 3

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EMERGENCY CONTACT INFORMATION	
<i>Please list a contact person in case of an emergency.</i>	
Full name	Relationship
Home Phone	Cell/Other Contact
Address	

DISCLAIMER AND SIGNATURE	
<p>I hereby certify that the information provided herein is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.</p> <p>I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties, agencies and entities from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.</p> <p>In consideration for my employment and my being considered for employment by Avi-Con, Inc., I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I understand and agree that employment with Avi-Con, Inc. will be "at will" and acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or myself.</p> <p>I consent to a drug test, either prior to commencement of employment or after I have become employed, as deemed necessary by the employer.</p>	
Print Name	Position Applied For
Applicant Signature	Date