

APPLICATION FOR EMPLOYMENT

Lundy Construction Co., Inc. (The "Company") is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years of age and over). In addition, the company does not discriminate against qualified individuals with disabilities.

NAME	DATE		
ADDRESS	PHONE		
CITY & STATE	ZIP CODE		
TOWNSHIP, CITY OR BORO	SCHOOL DISTRICT		
SOCIAL SECURITY #	HEIGHT & WEIGHT		
POSITION SEEKING	OVER THE AGE OF 18: YES OR NO		
ANY PHYSICAL DISABILITIES (example: ba	ack trouble)		
If hired, proof of your identity and employme begin work at Lundy Construction.	nt eligibility in the U.S. must be established by appropriate documentation at the time you		
DO YOU HAVE A VALID DRIVER'S LICENS	SE? YES NO CDL? YES NO CDL? YES NO CDL?		
Driver's License #	STATE ISSUED		
Any DUI or Suspension? If yes, who Have you ever been convicted of a violation from obtaining a position)? If ye	en & what of the law other than a minor traffic violation? (Answering yes will not automatically bar yo s, please explain		
WOULD YOU BE WILLING TO TRAVEL (10	00 MILE RADIUS)? YES NO		
	PREVIOUS WORK HISTORY		
NAME OF PRESENT OR LAST EMPLOYER	₹		
	SUPERVISOR		
EMPLOYED FROM	TO		
STARTING RATE	FINISHING RATE		
REASON FOR LEAVING			
NAME OF PRIOR EMPLOYER	***************************************		
ADDRESS TYPE OF WORK	SUPERVISOR		
	TO		
	FINISHING RATE		
REASON FOR LEAVING			

	SUPERVISOR		
	TO		
	FINISHING RATE		
DEASON FOR LEAVING			

EDUCATION

NAME/ADDRESS	YEARS <u>ATTENDED</u>	YEAR GRADUATED	MAJOR	
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OCCUPATIONAL TRAINING				
APPRENTICESHIP				
OTHER				
MILITARY SER	VICE RECORD			ı
HAVE YOU SERVED IN THE ARMED FORCES: BRANCH SERVED	YES NO FROM] то		
TYPE OF DISCHARGE	RATING AT TIME C	F DISCHARGE		
ANY SPECIALTY TRAINING?				
REFER	ENCES			I
NAME	NAME			
ADDRESS	ADDRESS			
ADDITIONAL I PLEASE USE THIS SPACE TO SUMMARIZE ANY ADDITION QUALIFIES YOU FOR THE POSITION YOU ARE SEEKING		THAT YOU FEEL		
I certify that all facts contained in the application are true and the accuracy of the information provided. I authorize the comberein, and I authorize former employers and educational inscompany. I also authorize the company to give references as subsequent to my employment, if hired. I understand that fal may result in denial of employment or, if employed, may result hired, my employment will be for no definite period of and material and the time without previous notice and with or without reason understand and agree that no one has authority to promise materials.	complete and acknown pany to verify the accumulations to release information of provide information sification, misrepresent in immediate dismissipy, regardless of the dan, at the will of either managery.	ledge that the comparacy of the information concerning about me in respontation or omission of the comparation of the comparation or the comparation or the comparation of the comparacy of the c	pany is relying on ation provided g me to the nse to inquiries of requested facts nd agree that, if ages, be terminated	I
Signature of Applicant		Date		

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