



LUNDY
CONSTRUCTION CO. INC.

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 _____
EMAIL ADDRESS: _____
POSITION SEEKING _____ OVER THE AGE OF 18: YES OR NO

ANY PHYSICAL DISABILITIES (example: back trouble) _____

If hired, proof of your identity and employment eligibility in the U.S. must be established by appropriate documentation at the time you begin work at Lundy Construction.

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO CDL? YES NO

Driver's License # _____ STATE ISSUED _____

Any DUI or Suspension? _____ If yes, when & what _____

Have you ever been convicted of a violation of the law other than a minor traffic violation? (Answering yes will not automatically bar you from obtaining a position)? _____ If yes, please explain. _____

WOULD YOU BE WILLING TO TRAVEL (100 MILE RADIUS)? YES NO

PREVIOUS WORK HISTORY

NAME OF PRESENT OR LAST EMPLOYER _____
ADDRESS _____
TYPE OF WORK _____ SUPERVISOR _____
EMPLOYED FROM _____ TO _____
STARTING RATE _____ FINISHING RATE _____
REASON FOR LEAVING _____

NAME OF PRIOR EMPLOYER _____
ADDRESS _____
TYPE OF WORK _____ SUPERVISOR _____
EMPLOYED FROM _____ TO _____
STARTING RATE _____ FINISHING RATE _____
REASON FOR LEAVING _____

NAME OF PRIOR EMPLOYER _____
ADDRESS _____
TYPE OF WORK _____ SUPERVISOR _____
EMPLOYED FROM _____ TO _____
STARTING RATE _____ FINISHING RATE _____
REASON FOR LEAVING _____

EDUCATION

NAME/ADDRESS

YEARS ATTENDED

YEAR GRADUATED MAJOR

HIGH SCHOOL _____

COLLEGE _____

TRADE SCHOOL _____

OCCUPATIONAL TRAINING _____

APPRENTICESHIP _____

OTHER _____

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE ARMED FORCES:
BRANCH SERVED _____

YES NO
FROM _____ TO _____

TYPE OF DISCHARGE _____

RATING AT TIME OF DISCHARGE _____

ANY SPECIALTY TRAINING? _____

REFERENCES

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

ADDITIONAL INFORMATION

PLEASE USE THIS SPACE TO SUMMARIZE ANY ADDITIONAL INFORMATION THAT YOU FEEL QUALIFIES YOU FOR THE POSITION YOU ARE SEEKING.

I certify that all facts contained in the application are true and complete and acknowledge that the company is relying on the accuracy of the information provided. I authorize the company to verify the accuracy of the information provided herein, and I authorize former employers and educational institutions to release information concerning me to the company. I also authorize the company to give references and provide information about me in response to inquiries subsequent to my employment, if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal. I understand and agree that, if hired, my employment will be for no definite period of and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. I also understand and agree that no one has authority to promise me job security or continued employment,

Signature of Applicant

Date