



**CURRENT 10 YEAR DMV PRINTOUT  
MUST BE ATTACHED TO THIS FORM**

**ROBERT HEELY CONSTRUCTION  
APPLICATION FOR EMPLOYMENT**

**EP-5**

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, gender identity, sexual orientation, the presence of a non-job related medical condition or disability, or any other protected characteristic.

<b>PERSONAL INFORMATION</b>		UPON OFFER OF EMPLOYMENT, VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES WILL BE REQUIRED.	APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
REFERRED BY			
ARE YOU LESS THAN 18 YEARS OF AGE <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER USED ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES:			
DRIVERS LICENSE NUMBER	STATE	EXPIRATION DATE	DRIVING RECORD

<b>EMPLOYMENT DESIRED</b>		DATE AVAILABLE	SALARY DESIRED
POSITION DESIRED OR AREA OF INTEREST		HAVE YOU EVER APPLIED TO THIS ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE/POSITION APPLIED FOR
HAVE YOU EVER BEEN EMPLOYED BY OUR ORGANIZATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT	NAMES OF FRIENDS OR RELATIVES EMPLOYED BY THIS ORGANIZATION	
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS			

<b>EDUCATION/U.S. MILITARY SERVICE</b>		PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU SPEAK _____ READ _____ WRITE _____		
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL				
COLLEGE				
COLLEGE				
OTHER				
PROFESSIONAL CERTIFICATES OR LICENSES HELD	ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT AND WHERE			
HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MILITARY DUTIES AND TRAINING			
PLEASE LIST JOB RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG – YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX AGE OR OTHER PROTECTED CHARACTERISTIC				

<b>OTHER JOB RELATED OR BUSINESS SKILLS OR KNOWLEDGE:</b>  _____  _____  _____
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<b>EMPLOYMENT HISTORY</b>		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK			
COMPANY NAME AND LOCATION	TELEPHONE	POSITION(S) HELD	DATES EMPLOYED	REASON FOR LEAVING	DESCRIPTION OF DUTIES
			END:  START:		
TYPE OF BUSINESS:					
			END:  START:		
TYPE OF BUSINESS:					
			END:  START:		
TYPE OF BUSINESS:					
			END:  START:		
TYPE OF BUSINESS:					
PLEASE LIST AND EXPLAIN GAPS IN EMPLOYMENT HISTORY;					

**ACKNOWLEDGMENT**

1. I understand that if I am being considered for employment by RHC ("the Company"), I will be required to submit to a post-offer physical and drug/alcohol testing (which will be paid for by the Company) and to authorize the release of the physical examination results and test results to the Company. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
2. I also understand that as part of my Application for Employment that at any time during the course of such employment, I may also be required to be examined concerning my ability to perform any job in a manner that does not endanger my own health or safety or the health or safety of others. I hereby authorize all providers of health care who examine me to disclose to my employer or any of its agents, representatives and employees, including attorneys, all medical information revealed during such examinations that impacts my job performance. I understand this authorization will remain valid for five years from the date of this Application, and that if I become employed this authorization will remain in effect for five years after my employment terminates. I understand that I have the right to receive a copy of this authorization.
3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
4. I authorize my employer to make any investigation deemed necessary for employment consideration within the organization.
5. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with the Company does not constitute any form of contract, implied or expressed, and such employment will be terminable at will either by myself or my employer upon notice of one party to the other.
6. I grant my employer approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
7. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six-month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
8. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_