



**APPLICATION FOR EMPLOYMENT**

Date of Application: \_\_\_\_\_

Full Name  
Last First Middle

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a U.S. Citizen or approved to work in the U.S.?

Are you over 18?

Have you ever been convicted of a felony?

Have you been released from prison in the last 7 years?

If Yes, State Details and charges:

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**Education and Training:**

High School Name: Location (City, State) Year Graduated Grade Completed

College Name: Location (City, State) Year Graduated Degree Earned

College Major: \_\_\_\_\_

Trade School Location (City, State) Year Graduated Degree Earned

Field of Trade: \_\_\_\_\_

Have you ever been employed by Paul Jackson & Son, Inc.?

Who was your supervisor? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have family members working for Paul Jackson & Son, Inc.

If so Who? \_\_\_\_\_

\_\_\_\_\_

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Personal References (Other than relatives and past employers):

Name                                      Occupation                                      Phone Number

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**Job Specifics**

Position Applying For:                      Salary Desired:                      Location Preferred:                      Date Available:

1st:

2nd:

Type of Employment Desired:

If hired, When could you start?

Do you have a valid drivers' License?

Do you have reliable personal transportation?

If not, How would you get to work?

List any equipment that you are qualified to operate:

Years Experience

Truck

Backhoe

Forklift

Crane

Other

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Can you read a tape measure?

Can you read Blue Prints?

If yes, Indicate:      Well                      Average                      Some, but not well

Can you effectively operate the following:

Circular Saw:

Rotary Hammer:

Tamp:

Shovel:

Pick:

Maul:

Drill:

Screw Gun:

Table Saw:

Router:

Nail Gun:

List any other tools you can effectively operate:

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List any other information or skills you feel are pertinent:

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## Past Experience

### Most Recent Employer:

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Salary upon leaving: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Does Paul Jackson & Son, Inc. have permission to contact this company?  
If no, Why? \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_

### Next Most Recent Employer:

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Salary upon leaving: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Does Paul Jackson & Son, Inc. have permission to contact this company?  
If no, Give reason? \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_

### Next Most Recent Employer:

Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Salary upon leaving: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Does Paul Jackson & Son, Inc. have permission to contact this company?  
If no, Give reason? \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_

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## Health Questionnaire

	Last	First	Middle
Full Name	_____		
Social Security Number:	_____		
Current Address:	_____		
City, State, Zip:	_____		

### Medical History

The type work you are applying for could be physical in nature. P.J.&S. does not want to put you in situation that could harm you or aggravate your ailment. Do you have or have you ever had any of the following? Please check EACH of the following items YES or NO. Please list details to any item answered YES on the space supplied below. You must answer ALL QUESTIONS!

	YES	NO	YES	NO
Epilepsy			Psychiatric or Psychological	
Diabetes			Hemophilia or any Blood Disease	
Cardiac (Heart)			Osteomyalitis	
Knee Problems			Stiff Joints	
Any loss of Vision			Hypoglycemia	
Polio			Muscular Dystrophy	
Any Amputation			Shoulder Problems	
Cerebral Palsy			Herniated Disk	
Multiple Sclerosis			Back Surgery	
Parkinson's Disease			Allergies	
Vascular Disorders			Breathing Disorders	
Foot Problems			Leg Problems	
Hand Problems			Arm Problems	
Back Problems			Neck Problems	

Please list ANY disorder or ailment you have or have had in the past that is not listed above:

\_\_\_\_\_

\_\_\_\_\_

Please list any ailment or condition that a doctor has stated you shouldn't be doing or would restrict your ability to do any construction task assigned to you:

\_\_\_\_\_

\_\_\_\_\_

Explain any answer to any item above marked YES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**READ THE FOLLOWING STATEMENT AND SIGN BELOW**

I have not been and am not now a member of any organization which advocates the forceful overthrow of the U.S. Government.

I also state that I am a legal citizen of the United States of America.

If not a legal citizen, I hereby state that I am in the United States of America legally and if hired will supply P.J.&S. copies of papers showing that I am legally in the United States of America. I also agree that, if hired, I will notify P.J.&S. immediately when this legal status changes.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision.

I hereby authorize Employers, Schools, Doctors, Hospitals or Persons to give any information regarding me in responding to inquiries in connection with my application. Upon my written request, within a reasonable time, additional disclosure concerning the nature and scope of the information requested will be provided.

I understand that misrepresentation or omission of the facts called for herein will be sufficient cause for cancellation of the application and/or for termination from the Company's service if I have been employed. I also understand that employment is subject to a satisfactory physical examination, including taking a drug test if requested, by a physician if P.J.&S. deems necessary.

I hereby acknowledge that any action, damage and liability caused by the misrepresentation or omission of any requested information on this application will be the applicant's responsibility. PJ&S will be reimbursed by the applicant for any cost due to misrepresentation of the facts by applicant.

SIGNATURE OF APPLICANT:

DATE:

**\*\*\*PLEASE NOTE THAT ENTIRE APPLICATION MUST BE FILLED OUT FOR CONSIDERATION – IF  
“NO” ANSWER APPLIES, PUT N/A IN BLANK. LEAVE NO BLANK SPACES. \*\*\***