



Gilbert & Fields Construction
615 S. Coit Street
Florence, SC 29501
phone: 843.669.3428
fax: 843.664.0949

PRE-EMPLOYMENT APPLICATION

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, age, color, religion, national origin, veteran status or any disability.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. I also understand that I may be required to complete additional testing to fulfill the application process. The company requests three (3) days advance notice for any accommodations necessary to complete the application process. The company will make every reasonable effort to provide an effective accommodation, if feasible.

Date:
Name: Home Telephone:
Present Address: City: State: Zip:
Social Security #: Are you over 21? Yes No
Are you employment authorized to work in the U.S. for any employer? Yes No

Have you ever been convicted of, plead guilty to, or served probation for any crime (excluding minor traffic violations) including DWI? Yes No
If yes, state the offense, location, date and disposition:

Do you have any obligations or other reasons which would limit your ability to travel or work overtime: Yes No. If yes, please explain:

Would you be willing to relocate: Yes No
Driver License #: State: Type:
Employment Desired:

Are you seeking: Full-Time Part-Time Temporary or Summer Employment

Position Applied for: Salary Desired:

Do you have any friends/relatives working for our company? Yes No If yes, name:
Have you ever applied/worked for our company before? Yes No If yes, please state when and where you applied and/or worked?
How did you learn of our company and/ or position?

Are you now or do you expect to be engaged in any other business or employment? Yes No
Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours you would be unwilling to work: Are there any reasons why you would be unable to perform the tasks involved in the position you are applying for? Yes No If yes, please state reasons:

**EDUCATION:**

<u>NAME, ADDRESS, &amp; LOCATION</u>	<u>COURSES STUDIED</u>
High School	
College	
Trade School	

Use the space below to describe why you are interested in working for our company. List those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet of paper.

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**WORK HISTORY**

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

DO NOT REFERENCE YOUR RESUME

LAST JOB 1 <sup>ST</sup>	COMPANY NAME & ADDRESS	NATURE OF BUSINESS	PAY	POSITION OR DUTIES	REASON FOR LEAVING	SUPERVISOR
FROM: _____			\$ _____			NAME
TO: _____			\$ _____			PHONE
FROM: _____			\$ _____			NAME
TO: _____			\$ _____			PHONE
FROM: _____			\$ _____			NAME
TO: _____			\$ _____			PHONE
FROM: _____			\$ _____			NAME
TO: _____			\$ _____			PHONE

Give three (3) references, not relatives or former employers:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interviews may be grounds for immediate discharge.

I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against those individuals for defamation, invasion of privacy or any other reason because of their statements.

I AGREE THAT, IF I AM EMPLOYED, I WILL ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT THE TAKING OF DRUGS AND ALCOHOL TESTS, WHEN GIVEN PURSUANT TO COMPANY POLICY, ARE A CONDITION OF CONTINUED EMPLOYMENT AND REFUSAL TO TAKE SUCH TESTS WHEN ASKED WILL BE GROUNDS FOR MY IMMEDIATE TERMINATION. I FURTHER UNDERSTAND THAT NOBODY IN THE COMPANY IS AUTHORIZED TO ENTER INTO ANY WRITTEN OR VERBAL CONTRACT OF EMPLOYMENT WITH ME FOR ANY DEFINITE PERIOD OF TIME WITHOUT THE CONSENT OF THE OWNER AND/OR PRESIDENT OF THE COMPANY. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS "AT-WILL" AND MAY BE TERMINATED BY MYSELF OR BY THE COMPANY AT ANY TIME FOR ANY REASON OR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_