

Russell Construction Company

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

Personal Information

First Name _____ Last Name _____ Middle Name _____

Social Security Number: _____ - _____ - _____ Age: _____ Birthday: _____

Sex: ___ Male ___ Female Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

No. Dependents ___ Do you have a Drivers License? _____ License No. _____ State _____

Present Address: _____ City _____ State _____ Zip _____

Years at this address: _____

Previous Address: _____ City _____ State _____ Zip _____

Years at this address: _____

Home Phone No: _____ Cell Phone No. : _____

In case of Emergency Notify: _____

Address: _____

Phone: _____

Physical Record

Do you have any physical condition which may limit your ability to perform the job applied for? Yes ___ No ___

If Yes describe: _____

Any serious illness in the last 5 years Yes ___ No ___ If yes describe: _____

Office Use Only

Date Application Received: _____

Date Interviewed: _____ **Date Hired:** _____

Date Drug Tested: _____ **D.O.T check date:** _____

Position Hired For: _____ **Rate of Pay at date of Hire:** _____

Comments: _____

Education

High School _____

Years Completed _____ Did you graduate? _____

College: _____ Years Completed _____ Did you graduate? _____

Degree received _____ Subjects studied _____

Trade or Business School _____

Years completed _____ Did you graduate? _____ Degree Received _____

Former Employers

Current or Former Employer _____

Address: _____ Phone Number _____

Years: _____ From: _____ To: _____ Salary: _____

Is it ok to contact your former employer? Yes _____ No _____

If no please state reason: _____

Current or Former Employer _____

Address: _____ Phone Number _____

Years: _____ From: _____ To: _____ Salary: _____

Is it ok to contact former employer? Yes _____ No _____

If no please state reason: _____

Current or Former Employer _____

Address: _____ Phone Number _____

Years: _____ From: _____ To: _____ Salary: _____

Is it ok to contact your former employer? Yes _____ No _____

If no please state reason: _____

References

Name:_____ Phone No. _____ Years Acquainted:_____

Name:_____ Phone No. _____ Years Acquainted:_____

Name:_____ Phone No. _____ Years Acquainted:_____

Position Applied For:_____ Desired Salary:_____

I authorize investigation of all statements contained in this application. I understand that a misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages and or salary, be terminated at any time without previous notice.

Signature:_____ Date:_____

Russell Construction Company

**353 S. Riverbend
General Contractor**

**P.O. Box 319
Douglas, Wyoming 82633**

**Phone: 307-358-3788
Fax: 307-358-3820**

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Russell Construction Company, whether the said records are of public, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Russell Construction Company. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person (s) for any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of signature.

I understand at no time will any part of the background investigation be made available to me, or the general public.

Printed Name

Signature

Address

Phone Number

Date of Birth

Social Security Number

Witness