

APPLICATION FOR EMPLOYMENT

Personal Data

Date: Position Applying For: Wage Desired

Employment Desired: Full-Time Part-Time Seasonal

Legal Name:

Present Address

City/State/Zip

Cell Number: Date of Birth:

Email Address:

Social Security Number

Do you have legal authorization to work in the United States? Yes No

Do you have a valid driver's license? Yes No
Type: D-1 CDL-A CDL-B

Driver's License # State of Issue Expiration Date

What is your means of transportation to work?

Have you ever had a conviction for DWI in any State? Yes No

Have you ever had your license suspended? Yes No

Have you ever had any accidents during the past 3 years? Yes No

How many?

Have you had any wrong violations during the past 3 years? Yes No

How many?

Have you ever been convicted of a crime? Yes No

If yes, explain conviction(s), nature of offense(s), State(s) where offenses occurred, and Sentence(s) imposed by the Court

PERSONAL DATA

Please list at least 3 individuals, such as present or former pastors, supervisors, business clients, or teachers, with whom you are not related or living with whom we may contact who have knowledge of your character, experience or ability.

Name: Occupation: Years Acquainted

Address Business Phone Home Phone

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EDUCATION

Type of School	Name of School	Location	Years Completed
High School			
College			
Business/Vocational/Technical School			
College			
Graduate School			
Other (include Military & Certification)			
Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No		Major & Degree	

MILITARY SERVICE

Have you ever served in the Armed Forces? Yes No

If yes, complete the remaining blocks in this section

Branch

Highest Rank

Date Entered

Date Discharged

Principle Duties

Service School or Special Experience

EQUIPMENT & MAINTENANCE EXPERIENCE

Heavy equipment you operate

Years Experience

Heavy equipment you repair

Years Experience

Maintenance Experience Carpentry Electrical Plumbing

Years Experience

WORK EXPERIENCE

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give firm name.

Name of Employer

Supervisor Name

Employment Dates

Pay or Salary

Address

Phone Number

Job Title

Reason for leaving

List of duties you performed, skills you used or learned, support or supervisory positions held and promotions

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APPLICANTS STATEMENT: Please read carefully and sign below

In exchange for the consideration of my job application with Dennis Spidel Custom Homes, Inc. or Lakeshore Design Center (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relations, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company or otherwise to change in any respect the "employment at will" relationship between the Company and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned of the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the Company to complete a criminal background check and obtain a copy of my driving record. I hereby release the Company from any liability as a result of such contracts, inquiries, or records in order to ascertain my qualifications and fitness for employment.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as a random testing program after employment; (2) my consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I have also authorized by my signature the following attached forms in order that my application can be processed: (1) Driver Information Release (2) Drug Testing Consent Form.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable "at will" for any reason by either party.

This Company is an equal employment opportunity provider. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Signature of Applicant

Printed name of Applicant

Date

Phone