

Hammer Construction, Inc is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

INTRODUCTORY INFORMATION: _____Email (required): _____ Name: Address: _____ State:____ Zip:____ Phone:____ City: **APPLICANT QUESTIONS:** Type of worked desired: ______ Date Available: ______ If hired, can you provide documents required to establish your eligibility to work in the U.S.? Yes No Yes No Are you 18 years of age or older? Have you worked for Hammer Construction before? ____Yes ____ No How were you referred to Hammer Construction, Inc? Do you have a family member that works or has previously worked for Hammer Construction, Inc? ____ Yes ____ No If yes, who? Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? _ Yes ____ No **EDUCATION & QUALIFICATIONS:** Highest Level of Education: High School, College, Vocational or last grade completed: Name & Address of School:____ Course of Study: Number of years completed: Degree/Diploma/Certification: Please list any Safety Certifications, Training Certifications, Operator Qualifications, etc. Name(s) & Provider of Certification(s): ____ **EXPERIENCE WITHIN INDUSTRY:** ____Yes ____No If Yes, Number of Years _____ ROUSTABOUT EQUIPMENT OPERATOR _____Yes _____No If Yes, Number of Years _____ CDL (CLASS A) DRIVER _____Yes _____No If Yes, Number of Years _____ SUPERVISOR/FOREMAN Yes No If Yes, Number of Years **RECORD OF EMPLOYMENT:** List positions starting with most recent: (3 years previous for NON-CDL Applicants/10 years for CDL Applicants—pg. 3) Employer: Telephone: Address:

Supervisor:

Hammer Construction, Inc Application 01/2022

Position Title: ___

Start Date:	Date Left:	Beginning Salary:	Ending Salary:
Duties:			
	Telephone:		
Address:			
Position Title:		Supervisor:	
Start Date:	Date Left:	Beginning Salary:	Ending Salary:
Duties:			
Reason for Leaving:	:		
	Telephone:		
Address:			
Position Title:		Supervisor:	
Start Date:	Date Left:	Beginning Salary:	Ending Salary:
Duties:			
Reason for Leaving:	:		
	D REFERENCES: (Do not in		
Name	Occupation	Years Known Contact In	formation
1			
2			
3			
I understand Inc may terminate n I authorize l history, and verify a and its representativ schools, and firms n requested informatio I understand of employment. I understar considered for emp	If that employment with Hammany employment at any time, of Hammer Construction, Inc to all data given on this application application and to provide any requested on. If that the Organization requirement this application will be accoloryment, I must submit a new many employment, I must submit a new many employment.	r for any reason consistent with ap conduct a thorough background in on and during interviews. I hereby that might result from such an ind information and release them from the street successful completion of a detive for a period of 90 days; after ew application. I certify that all the conductive for a period of 90 days.	caning that I or Hammer Construction, plicable state or federal law. vestigation of my work and personal release Hammer Construction, Inc, vestigation. I authorize all individuals om all liability for providing the rug and/or alcohol test as a condition r that time, if I wish to be
Signature of Appli	cant•	Date Signed	·
		Date Signet	••
	ICY, WHOM SHALL WE NOTIFY?		