



GENERAL CONTRACTORS

MERIT SHOP  
EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_  
Last First Middle Soc. Sec. No.

Address \_\_\_\_\_  
Street City State Zip

POSITION APPLIED FOR \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Date you can start \_\_\_\_\_

PERSONAL INFORMATION

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

Person to be notified in case of accident or emergency:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

EDUCATION/TRAINING

Grade School: \_\_\_\_\_  
No. Yrs.

High School: \_\_\_\_\_  
No. Yrs.

College: \_\_\_\_\_  
No. Yrs.

NOTE: If graduated enter "G" in number of years space.

Correspondence, Technical Training, Apprenticeship Programs, Etc.

Specify basic area of study or training, such as: Graduate Civil Engineer, Two-year Apprentice Program, etc.

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

PERSONAL REFERENCES: (Exclude former employers and relatives)

NAME AND OCCUPATION	ADDRESS	PHONE
1.		
2.		
3.		

PRIOR WORK HISTORY: (List in order, last or present employer first)

Dates Mo. & Yr. From To	Name and Address of Employer	Rate of Pay		Supervisor Title	Phone
		Start/Finish			

Your Position/Title: \_\_\_\_\_ Describe Briefly your duties  
and Responsibilities: \_\_\_\_\_

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

Dates Mo. & Yr. From To	Name and Address of Employer	Rate of Pay		Supervisor Title	Phone
		Start/Finish			
Your Position/Title: _____ Describe Briefly your duties and Responsibilities: _____ _____					

Dates Mo. & Yr. From To	Name and Address of Employer	Rate of Pay		Supervisor Title	Phone
		Start/Finish			
Your Position/Title: _____ Describe Briefly your duties and Responsibilities: _____ _____					

May we contact former employers? \_\_\_\_\_ If not, list the ones to be contacted:

**PHYSICAL INFORMATION**

Have you missed work in the last six (6) months due to an injury or illness?

\_\_\_\_\_ No \_\_\_\_\_ Yes Describe: \_\_\_\_\_

Have you had a serious illness or disability in the past five (5) years that required your absence from work for more than seven (7) days?

\_\_\_\_\_ No \_\_\_\_\_ Yes Describe: \_\_\_\_\_

Do you have a recurring illness or disability that would prohibit or hinder your performing all duties consistently and promptly as an employee of Ruby-Collins, Inc.?

\_\_\_\_\_ No \_\_\_\_\_ Yes Explain: \_\_\_\_\_

Do you have any physical handicaps that would prohibit or hinder your performance as an employee of Ruby-Collins, Inc.?

\_\_\_\_\_ No \_\_\_\_\_ Yes List Work Limitations: \_\_\_\_\_

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

Thank you for completing this application and for your interest in Ruby-Collins, Inc. We assure you that your opportunity for employment will be based only on your merit.

**PLEASE READ CAREFULLY**

I hereby certify that I have received a copy of the Ruby-Collins, Inc. Policy Regarding Drugs and Alcohol; that I have read the same and I understand that if I am selected for employment with Ruby-Collins, Inc. I must agree to abide by all the terms and conditions of such policy as a condition to employment with Ruby-Collins, Inc.

I hereby certify that the facts set forth above are true and complete to the best of my knowledge; I understand that if employed any falsified statement or omission of information made in this application is sufficient cause for subsequent dismissal.

DATE: \_\_\_\_\_ APPLICANT'S SIGNATURE: \_\_\_\_\_