

FOGARTY CONSTRUCTION

13505 MURLEN RD
SUITE 105-381
OLATHE, KS 66062
FAX 913-273-1303

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law.

Please answer all the questions honestly to the best of your knowledge or mark "NA" if the question does not apply to you.

Position Applied For: _____

You Can Start: _____

Name: _____

Date of Application: _____

Please note that this application will only remain active for 1 year, after which the applicant would need to re-apply.

Present Address:

Street City State Zip

Telephone #: Home: _____

Work: _____

Are you 18 years or older? Yes _____, or No _____

Drivers License Number # _____

Do you have your own transportation? Yes ____, or No ____

Salary Desired _____.

Type of Employment: Full-time _____, or Part-time _____

Are you employed now? _____.

Employment Application for Fogarty Construction

May we contact your present employer? _____

Name, title and phone of current employer:

EDUCATION:

	Name and Location of School	No. of Years Attended	Did you Graduate? / Year Graduated?	Subject/Major
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Branch: _____ Rank: _____

Date Entered: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a felony? _____

If so, please state citation, date and place where offense occurred:

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application. REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

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CURRENT AND FORMER EMPLOYERS: (Most Recent First)

Date Month/ Year	Employer Name, Address, and Telephone	Salary Starting/ Ending	Last Position Held/ Responsibilities	Reason for Leaving
From: To:				
From: To:				
From: To:				

May we contact the employers listed? Yes _____ or No _____
If not, which one(s)?

Are you willing to voluntarily submit to random drug testing? _____

Please read the following statement carefully before signing to indicate your understanding.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that, if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, * to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

Signature _____ Date _____