



VISION CONSTRUCTION COMPANY, INC.

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, can you furnish proof of age? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Position Applied for			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a misdemeanor? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of any crime related to theft of dishonesty or involving acts of violence? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, please explain (answering yes to any of the above questions does not necessarily disqualify the applicant from consideration of employment) _____ _____ _____			
Can you perform the essential functions of the position with or without reasonable accommodations for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If no, please explain (If you have questions as to what functions are applicable to the position for which you are applying, please ask before you answer the question) _____ _____ _____			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree



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REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMERGENCY CONTACT INFORMATION	
Full Name	
Relationship	Phone ()
Address	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, please explain _____	



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PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I understand that this application is not a contract of employment.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date