

Subjects of special study or research work _____

Special skills _____

Activities (civic, athletic, etc.) _____

(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of its members)

US Naval or Military Service _____ Rank _____

Present membership in National Guard or Reserves? Yes No

First Aid Certified? Yes No Expiration Date: _____ Certifying Agency: _____

CPR Certified? Yes No Expiration Date: _____ Certifying Agency: _____

OSHA 10 Hour Construction Safety Certification? Yes No

List below your previous employers starting with your present or last job.

Name of Employer:		Address (city & state):	Area Code & Telephone:
Date Started:	Starting Salary/Wage:	Starting Position:	
Date Ended:	Ending Salary/Wage:	Ending Position:	
Name & Title of Supervisor:		Reason for Leaving:	
Brief description of your responsibilities:			

Name of Employer:		Address (city & state):	Area Code & Telephone:
Date Started:	Starting Salary/Wage:	Starting Position:	
Date Ended:	Ending Salary/Wage:	Ending Position:	
Name & Title of Supervisor:		Reason for Leaving:	
Brief description of your responsibilities:			

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Name & Title of Supervisor:		Reason for Leaving:	
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Date Started:	Starting Salary/Wage:	Starting Position:	
Date Ended:	Ending Salary/Wage:	Ending Position:	
Name & Title of Supervisor:		Reason for Leaving:	
Brief description of your responsibilities:			

List below three people not related to you whom you have known for at least one year.

Name	Address	Business	Years Known

STATEMENT OF AUTHORIZATION AND UNDERSTANDING

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. 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 at any time without prior notice and without cause.

I, _____, voluntarily agree to submit to a pre-employment drug screen and a post offer physical examination to include a urine analysis by a doctor, medical center, hospital or medically qualified personnel. Furthermore, I authorize the release of the results of these tests and examination to Ira G. Steffy & Son, Inc. or any of its representatives. By this authorization, I do hereby release any doctor, medical personnel, hospital, medical center, clinic, etc., Ira G. Steffy & Son, Inc. or any of its representatives, from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination and test results.

Signature _____

Date _____

Witness _____