Martin Brothers Construction

Employment Application

Please Print

An Equal Opportunity Employer
E-Verify Participant - E-Verify is used to confirm work status at time of hiring.

Date (Month/Day/Year): ___/___/___

Position Applying for: _____

How were you referred to us? _____

Salary Desired: _____

Last Name: First Name: Middle Initial:

Current Address

Number & Street: City: State: Zip:

Phone: Mobile/Other: E-mail:

Date Available to Start:

Are you at least 18 years old? (If under 18, employment is subject to verification that you are of minimum legal age.)

Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ If yes, when?

Do you have any friends or relatives working for this company? Yes ☐ No ☐

What, if any, foreign languages do you read, speak or write fluently?

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes ☐ No ☐

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Type of employment desired: Full-Time ☐ Part-Time ☐ Temporary ☐ Seasonal ☐

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes ☐ No ☐

If yes, give dates and details:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The seriousness and nature of the offense, date of the violation, and the relevance of the offense to the position applied for will be considered.)

List any skills, training, or qualifications you feel make you especially suited for this position:

Employment History (starting with most recent position)

Dates of Employment: From___/___/___ To___/___/___ Your Position:_____

Name of Employer: Telephone No.:

Address: City: State: Zip:

Phone: Your Supervisor and Title:

Your Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes ☐ No ☐

Dates of Employment: From___/___/___ To___/___/___ Your Position:_____

Name of Employer: Telephone No.:

Address: City: State: Zip:

Phone: Your Supervisor and Title:

Your Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes ☐ No ☐

Dates of Employment: From___/___/___ To___/___/___ Your Position:_____

Name of Employer: Telephone No.:

Address: City: State: Zip:

Phone: Your Supervisor and Title:

Your Duties and Responsibilities:

Reason for Leaving:

May we contact this employer for a reference? Yes ☐ No ☐

Note: Attach additional page(s) if necessary

I certify that the answers given by me are true and correct to the best of my knowledge and understand that any omission or misstatement of information on this application shall be grounds for rejection of this application or for immediate discharge if I am employed. I authorize you to investigate my references, employment record, education, and other related matters as may be necessary for an employment decision. I hereby release the Company, former employers, schools, and all other individuals from all liability when responding to inquiries connected with my application.

Date (Month/Day/Year): ___/___/___ Applicant's Signature: _____

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