

TUDOR CONSTRUCTION & RESTORATION CO.

10278 Iron Rock Way
Elk Grove, CA 95624

**EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER**

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Social Security Number: _____

GENERAL INFORMATION

Position applied for: _____

Available to work: Full-Time Part-Time Temporary

Date available to start work: _____

If you are under age 18, can you provide a work permit if offered a job? Yes No

Have you been convicted of a felony within the last seven years? Yes No
(A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain: _____

Have you ever applied for a position with or worked for this Company before? Yes No

If yes, specify dates: From: _____ To: _____

What foreign languages do you speak fluently? _____

Read _____ Write _____

EDUCATION

	Name and Address of School	Major	No. of Years Completed	Did you graduate?
High School				
College				
Other (specify)				

Applicant Printed Name

Applicant Signature

Date

EMPLOYMENT HISTORY

Please list your present and past work experience for the last 10 years, beginning with your current job. You may include volunteer activities.

Name of Employer:	From Month Year	To Month Year
Address: (street, city, state)	Telephone:	Pay Starting:
Position:	Supervisor:	Ending:
Description of Duties:		
Reason for Leaving:		
Name of Employer:	From Month Year	To Month Year
Address: (street, city, state)	Telephone:	Pay Starting:
Position:	Supervisor:	Ending:
Description of Duties:		
Reason for Leaving:		
Name of Employer:	From Month Year	To Month Year
Address: (street, city, state)	Telephone:	Pay Starting:
Position:	Supervisor:	Ending:
Description of Duties:		
Reason for Leaving:		

Use extra sheets, if necessary

Applicant Printed Name

Applicant Signature

Date

Please identify and explain all periods of unemployment in excess of one month during the past 10 years:

Period of Unemployment:

From To Reason for Unemployment

To assist us to check records and to verify prior employment and education, Yes No
please indicate whether you were ever employed or enrolled under a name other than that used on this application.

If yes, please specify the name you were employed or enrolled under:

If you are employed now, may we contact your current employer: Yes No

Are you able to perform the essential duties of the position for which Yes No
you are applying, with or without reasonable accommodation?
(Job description available for your review.)

Are you a veteran of the United States military service? Yes No
If yes, please state branch of service: _____

Please list any job-related professional, trade, business or civic activities, organizations and associations.
(Please omit those which indicate race, color, religion, national origin, ancestry, sex or age):

Please provide the names, addresses, and telephone numbers of at least two references who are not related to you.

If you are self-employed; please name 3 recent jobs you have completed.

Do you own your own vehicle? Describe – year, make, model.

Do you carry vehicle insurance? With whom?

Do you own your own tools?

(Note: Lack of a truck/tools will not necessarily disqualify you from employment.)

Applicant Printed Name

Applicant Signature

Date

ADDENDUM TO JOB APPLICATION

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

I further agree that, if I am employed, my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its President, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship unless he does so specifically and in writing that he signs.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signature of Applicant

Date

DISCLOSURE AUTHORIZATION AND RELEASE

I hereby authorize _____ and its employees and representatives to provide any pertinent information they deem appropriate, including any information regarding my employment, job performance, and related matters, to Tudor Construction & Restoration Co. and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against _____ and its agents, employees, and representatives and release _____ and its agents, employees, and representatives from any and all liability, claims, or damage that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable to unfavorable to me.

Please note: Pre-employment testing includes background investigations, drug screen and physical examination. A separate release must be signed to authorize third-party company to complete background investigation.

I acknowledge that I have read this authorization and release, fully understand it, and fully and voluntarily agree to its provisions.

Signature

Date

(Print or Type Individual's Name)

