

C.A.S.E CONSTRUCTION, INC.

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

C.A.S.E. Construction does not discriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all Questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, Except for signature

Job Applied for _____ Today's Date _____

Are you seeking : Full time Part-time Temporary employment? (circle one)

When could you start work? _____ Salary Expectation _____

GENERAL

LAST NAME	FIRST NAME	M.I.	PHONE: HM #	CELL#
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PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE
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ARE YOU 18 YEARS OF AGE OR OLDER? YES OR NO

IF HIRED, CAN YOU FURNISH PROOF YOU ARE ELIGIBLE TO WORK IN THE U.S.? YES OR NO

HAVE YOU EVER APPLIED HERE BEFORE? YES OR NO IF YES WHEN _____

WERE YOU EVER EMPLOYED HERE ?YES OR NO IF YES WHEN _____

HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION? (INCLUDE ANY PLEA OF "GUILTY " OR "NO CONTEST" EXCLUDE MINOR TRAFFIC VIOLATIONS) YES OR NO

IF YES, GIVE DETAILS _____

(A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT)

IF EMPLOYED, DO YOU EXPECT TO BE ENGAGED IN ANY ADDITIONAL BUSINESS

OR EMPLOYMENT OUTSIDE OF OUR JOB? YES OR NO

IF YES, GIVE DETAILS _____

EDUCATION

	LIST NAME AND ADDRESS OF SCHOOLS	NUMBER OF YRS	DEGREE
HIGH SCHOOL OR GED			
COLLEGE			
SUBJECTS STUDIED			
VOCATIONAL OR TECHNICAL			
SUBJECTS STUDIED			

SPECIAL SKILLS

WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB WHICH YOU ARE APPLYING? _____

WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT ARE RELATED TO THE JOB WHICH YOU ARE APPLYING FOR? _____

DO YOU HAVE A VALID DRIVER'S LICENSE?YES OR NO
 DRIVERS LICENSE NUMBER _____ CLASS OF LICENSE _____
 STATE LICENSED _____

HAVE YOU HAD YOUR DRIVERS LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS? YES OR NO
 IF YES GIVE DETAILS: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.
 (EXCLUDE LAVOR ORGANIZATIONS AND MEMBERSHIPS WHICH REVEAL RACE, COLOR, RELIGION,ETC)

WORK HISTORY

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	EMPLOYED		PAY		REASON FOR LEAVING
	FROM	TO	START	FINAL	
			\$	\$	
TITLE	DUTIES				SUPERVISOR(S)

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	EMPLOYED		PAY		REASON FOR LEAVING
	FROM	TO	START	FINAL	
			\$	\$	
TITLE	DUTIES				SUPERVISOR(S)

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	EMPLOYED		PAY		REASON FOR LEAVING
	FROM	TO	START	FINAL	
			\$	\$	
TITLE	DUTIES				SUPERVISOR(S)

NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	EMPLOYED		PAY		REASON FOR LEAVING
	FROM	TO	START	FINAL	
			\$	\$	
TITLE	DUTIES				SUPERVISOR(S)

REFERENCES

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANY OTHER NAME? YES OR NO

IF YES, GIVE NAMES: _____

ARE YOU PRESENTLY EMPLOYED?.....YES OR NO

IF YES, WHOM DO YOU SUGGEST WE CONTACT? _____

HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN?.....YES OR NO

IF YES, PLEASE

EXPLAIN _____

GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYEES

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision, I release such persons and organizations from an legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I have read, understand and by my signature consent to these statements

SIGNATURE: _____

DATE: _____

EMAIL APPLICATION TO CASE@CASECONSTRUCTION.COM