



TODD WHITTAKER DRYWALL, INC.

DESIGN. BUILD. REMODEL.

APPLICATION FOR EMPLOYMENT

All statements and questions are to be completed; the answers will be confidential.

PERSONAL INFORMATION

Your Name in Full: _____ Date: ____/____/____
Last First M.I.

Your Address: _____
Street City State Zip

Best # To Reach You: () _____ Email Address: _____

WORK EXPERIENCE

Company Name: _____ Phone #: () _____
 Company Address: _____ Supervisor Name: _____
 Position Held: _____ Salary: \$ _____
 Responsibilities: _____
 Worked From: ____/____/____ To: ____/____/____ Reason for Leaving: _____
 May we contact this previous employer for a reference? Yes No

Company Name: _____ Phone #: () _____
 Company Address: _____ Supervisor Name: _____
 Position Held: _____ Salary: \$ _____
 Responsibilities: _____
 Worked From: ____/____/____ To: ____/____/____ Reason for Leaving: _____
 May we contact this previous employer for a reference? Yes No

Company Name: _____ Phone #: () _____
 Company Address: _____ Supervisor Name: _____
 Position Held: _____ Salary: \$ _____
 Responsibilities: _____
 Worked From: ____/____/____ To: ____/____/____ Reason for Leaving: _____
 May we contact this previous employer for a reference? Yes No

EDUCATION AND SKILLS

Give record of all High Schools, Colleges, Universities and Special Schools you have attended.

Name of School	Address of School	Grade Completed or Degree(s)	Year Completed

SPECIAL PERSONAL INFORMATION

[] Have you ever been convicted of a crime, excluding misdemeanors?

[] No [] Yes

If Yes, please describe in full _____

(Please note that a conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

REFERENCES (Other than previously listed.)

Give the names and addresses of persons who know you (not relatives). Providing this information grants TWD permission to contact these people unless you indicate to the contrary.

Name	Address	Phone #	Years Known

EMPLOYMENT DESIRED

Position being applied for? _____ When can you report to work? _____

If you are presently employed, may we contact employer? [] Yes [] No

What salary do you expect (approximate)? _____

Have you ever been employed by the company before? [] Yes [] No

If Yes, please complete the following:

Dates Employed: ____/____/____ To: ____/____/____

Department Worked: _____ Supervisor Name: _____

Reason for Termination of Employment: _____

PLEASE READ CAREFULLY

I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

In consideration of my employment, if I am employed, I agree to conform to the employment policies of the Company, and I understand that my employment and compensation can be terminated, with or without notice, at any time, at the option of either the Company or myself due to Employment At-Will. I understand that no representative of the Company 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.

In consideration of employment, I understand that the Company may request successful completion of a pre-employment drug test and/or background check as a condition of employment.

I understand that completion of this Application for Employment does not guarantee that I have been employed by this Company.

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

I understand that any misrepresentation, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination.

SIGNED _____

DATE _____