



EMPLOYMENT APPLICATION

Brett George Company, Inc. is an equal opportunity employer

State and federal laws prohibit discrimination in employment because of Ancestry, Gender/Gender Identity/Gender Expression, Sexual Orientation, Marital Status, Race including Religious Dress and Grooming Practices, Color, Religion or creed, National origin or ancestry including Language Use, Sex including Pregnancy, Childbirth, Breastfeeding and/or Related Medical Conditions, Age (over 40), Physical or mental disability including HIV/AIDS, Medical Condition including Genetic Characteristics, Cancer or History of Cancer, Veteran status or Military Status, Genetic information, Citizenship, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. Department of Motor Vehicle printout sheet of driving record must be submitted with the Application for Employment.

▲ PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

Date of Application: _____

Name:

Address:

Telephone Number:

() - _____

Email Address:

Are you at least 18 years old? Yes No

Do you have a legal right to work in the United States? Yes No

Have you applied to the Brett George Company for employment in the past? Yes No

If yes, when? _____

Position applied for: _____

Have you ever used another name that we would need to verify your employment experience and education?

Yes No If yes, under what other name have you been employed: _____

Are you currently employed? Yes No May we contact your current employer? Yes No



▲ POSITION

Position for which you are applying: _____
First Choice Second Choice

Salary/wage desired: _____ per _____

Are you available to work: Full-Time Part-time Temporary Available: _____

When would you be available to start working? _____

Do you have a valid driver's license? Yes No

License #: _____ Class: _____ State: _____ Expiration Date: _____

Do you have reliable transportation to work? Yes No

▲ SPECIAL SKILLS AND TRAINING

Check work experience skills or training:

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Backhoe | <input type="checkbox"/> Sky-Track | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Skip Loader | <input type="checkbox"/> Trencher | <input type="checkbox"/> Sewer/septic piping |
| <input type="checkbox"/> Dozer | <input type="checkbox"/> Drum Roller | <input type="checkbox"/> Electrical conduit |
| <input type="checkbox"/> Grader | <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Dewatering |
| <input type="checkbox"/> Excavator | <input type="checkbox"/> Jack Hammer | <input type="checkbox"/> Demolition |

Describe specialized training, apprenticeships, skills:

List current certifications and/or professional licenses, if any, and where registered:

Please indicate any language skills, other than English:

_____ Speak Read Write
 _____ Speak Read Write

▲ EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	Dates Attended	Last Year Completed
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
College/University			<input type="checkbox"/> 1 <input type="checkbox"/> 2
			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4



▲ EMPLOYMENT EXPERIENCE

Please complete the following in detail

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
Telephone Number	Supervisor's Name, Title and Telephone Number			
Job Title		Reason for Leaving:		
Why did you leave?		<input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged		

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Why did you leave?		<input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged		

▲ EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

If employed by the Brett George Company, Inc., I agree to abide by the rules, policies and procedures of the Brett George Company, Inc. and subsequent rules, policies and procedures that may become effective after employment.

Signature of Applicant

Date

