



**FOR DOWNES USE ONLY:**

INTERVIEW DATE: \_\_\_\_\_

DCC EMPLOYEE NAME: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**APPLICATION FOR EMPLOYMENT**

**PLEASE COMPLETE PAGES 1-4**

DATE \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Number Street City State Zip

How long at present address: \_\_\_\_\_

If less than 3 years, previous address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Are you of legal age to work:  No  Yes

Are you legally eligible for employment in the U.S.:  No  Yes

Ever file an application with us before?  No  Yes If Yes, When \_\_\_\_\_

Are you able to perform the essential functions of the job applied for?  No  Yes

If no, is there any accommodation that would allow you to perform this job?  No  Yes

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Days/Hours Available to Work:

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

Salary Desired: \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work overtime/nights? \_\_\_\_\_

Employment Desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

**EDUCATION:**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION Address/City and State	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE Or OTHER
High School				
College				
Bus. or Trade School				
Professional School/ Other				

Have you ever been convicted of a Felony?  No  Yes  
 (Conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**SKILLS:**

MS WORD       No     Yes    Level of Expertise: \_\_\_\_\_

MS EXCEL:       No     Yes    Level of Expertise: \_\_\_\_\_

MS POWERPOINT:  No     Yes    Level of Expertise: \_\_\_\_\_

Other: \_\_\_\_\_

**TIMBERLINE AND/OR PROLOG:**

No       Yes    List which one: \_\_\_\_\_

**SCHEDULING SOFTWARE:**

No       Yes    List which type: \_\_\_\_\_

**Experience with BIM:**

No       Yes    Level of Expertise: \_\_\_\_\_

**Other (Please list):** \_\_\_\_\_

**CERTIFICATIONS/LICENSES:**

OSHA 10:       No       Yes

OSHA 30:       No       Yes

CPR/FIRST AID:  No       Yes

LEED GA or AP:  No       Yes

*If yes, list which:* \_\_\_\_\_

Professional Engineer License:  No     Yes

*If yes, License Number:*

\_\_\_\_\_

**Other (Please list):**

\_\_\_\_\_

**Please list three references other than relatives.**

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes     No

Specialty \_\_\_\_\_

**Work Experience** Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. List any periods during which you were unemployed. **Attach additional sheets if necessary. Do Not Leave Blank.**

**LIST MOST RECENT EMPLOYMENT FIRST:**

<u>Name of Employer:</u>	<u>Complete Address City, State, Zip Code:</u>	<u>Employment Dates:</u>	<u>Your Last Job Title:</u>
<u>Name of Last Supervisor:</u>		<u>From:</u>	<u>Reason for Leaving:</u>
<u>Tel:</u>	<u>Phone Number:</u>	<u>To:</u>	

List the jobs you held, duties, skills, advancements

<u>Name of Employer:</u>	<u>Complete Address City, State, Zip Code:</u>	<u>Employment Dates:</u>	<u>Your Last Job Title:</u>
<u>Name of Last Supervisor:</u>		<u>From:</u>	<u>Reason for Leaving:</u>
<u>Tel:</u>	<u>Phone Number:</u>	<u>To:</u>	

List the jobs you held, duties, skills, advancements

<u>Name of Employer:</u>	<u>Complete Address City, State, Zip Code:</u>	<u>Employment Dates:</u>	<u>Your Last Job Title:</u>
<u>Name of Last Supervisor:</u>		<u>From:</u>	<u>Reason for Leaving:</u>
<u>Tel:</u>	<u>Phone Number:</u>	<u>To:</u>	

List the jobs you held, duties, skills, advancements or promotions

<u>Name of Employer:</u>	<u>Complete Address City, State, Zip Code:</u>	<u>Employment Dates:</u>	<u>Your Last Job Title:</u>
<u>Name of Last Supervisor:</u>		<u>From:</u>	<u>Reason for Leaving:</u>
<u>Tel:</u>	<u>Phone Number:</u>	<u>To:</u>	

List the jobs you held, duties, skills, advancements

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

**AGREEMENT PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Downes Construction Company, LLC creates an actual or implied contract of employment. I understand that, if I accept employment with Downes Construction Company, LLC, it will be on an at-will basis. This means that either Downes Construction Company, LLC or I have the right to terminate the employment relationship in accordance with the law at any time, for any reason, with or without cause or without notice.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**DRUG-FREE WORKPLACE**

**APPLICANT'S PRE-EMPLOYMENT DRUG SCREENING, BACKGROUND CHECK AND RULES AND REGULATIONS CONSENT - (PLEASE READ CAREFULLY AND SIGN BELOW):**

I understand that any offer of employment is contingent upon passing a drug test and the successful completion of a background check. I agree to submit to a drug test and a background check. I consent to undergo such drug testing and background check and release Downes Construction Company, LLC, its officers and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Downes Construction Company, LLC to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Downes Construction Company, LLC and its employees from all liability arising from such investigation. If I am employed, I agree to abide by the Company's rules and regulations and changes hereto.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**An Equal Employment Opportunity / Affirmative Action Employer**

Downes Construction Company, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability or any other characteristic protected by law. We assure you that your opportunity for employment with Downes Construction Company, LLC depends solely on your qualifications.

*This application is the property of Downes Construction Company, LLC*