



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Position(s) Applied For Date of Application

How did you learn about us?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number(s)

Best time to contact you are home is AM PM

YES NO

If you are under 18 year of age, can you provide required proof of your eligibility to work?		
Have you ever filed an application with us before? If yes, give date _____		
Have you ever been employed with us before? If yes, give date _____		
Do any of your friends or relatives (other than spouse) work here?		
Are you currently employed?		
May we contact your present employer?		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?		

Proof of citizenship or immigration status will be required upon employment.

Date available for work

Are you available to work

Full-time

Part-time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available _____)

YES NO

Are you currently on "lay-off" status and subject to a recall?		
Can you travel if a job requires it?		



EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.



EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed
Address				
Telephone Number		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.



List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

Other qualifications, summarize special job related skills and qualifications acquired from employment or other experience.

Specialized Skills – check skills that apply and list equipment operated.

			Construction Equipment (list)	Other (list)
<input type="checkbox"/>	PC/MAC	<input type="checkbox"/>	Primavera P6	<input type="checkbox"/>
<input type="checkbox"/>	MS Office	<input type="checkbox"/>	Procore	<input type="checkbox"/>
<input type="checkbox"/>	SharePoint			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

State any additional information you feel may be helpful to us in considering your application.

NOTE TO APPLICANTS: DO NOT answer the following question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

YES NO



REFERENCES

1.

NAME PHONE

ADDRESS

2.

NAME PHONE

ADDRESS

3.

NAME PHONE

ADDRESS

APPLICANT’S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “AT WILL” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this “AT WILL” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature Date

Please email or mail this application to:

mikem@j-m-a.com
 Jim Murphy & Associates
 464 Kenwood Court, Suite B
 Santa Rosa, CA 65407
 (707) 576-7337