



APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Personal Information

Last Name	First Name	M	Phone Number	Position Applied	Date MM/DD/YYYY
Physical Address			City	State	Zip
Previous Address of Residency			City	State	Zip
Previous Address of Residency			City	State	Zip
Previous Address of Residency			City	State	Zip
Date of Birth MM/DD/YYYY	Social Security Number		Have you worked for this company before? If yes, Where?		

Dates:	To	From	Position	Rate of pay	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reason For Leaving			Are you authorized to work in the United States for any employer?		

Are you currently employed? If not, how long since leaving last employment? Who referred to you? Rate of Pay Expected

Is there any reason you might be unable to perform the functions of the job for which you have applied? If yes, please explain.

Employment History

Employer Name	Contact Person	Phone Number	May we contact this employer?
Address		City	State Zip
Date Employed: To	From	Salary/Wage	Reason For Leaving
Employer Name	Contact Person	Phone Number	May we contact this employer?
Address		City	State Zip
Date Employed: To	From	Salary/Wage	Reason for Leaving

Do you have a high school diploma? Did you attend College? If so, how long? Did you Graduate?



TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, healthcare providers and other people from all liability in responding to inquiries and releasing information in connection with my application.

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

Date

Applicant's Signature



PRE-EMPLOYMENT DRUG SCREENING CONSENT FORM

I, _____ hereby voluntarily consent to the taking of a urine and/or blood sample to be used for drug screening. I also authorize and give full written permission to the doctor, clinic, hospital or its agents and associates to send this specimen to the laboratory for screening tests for the presence of Amphetamines, Barbiturates, and Methaqualone. I authorize these results to be given to HRM Concrete, its agents, partners, or associates.

I have been informed and understand that I retain the express right to terminate the taking of the urine and/or blood samples at any time I so desire and to leave the room without further delay. I have been informed and fully understand that the test results will be released to CH Management solely for the purpose of consideration of employment, and such authorization will expire 60 days from the date on this form. I may also revoke this authorization at any time (except to the extent that action has been taken in reliance thereon).

Date

Applicant's Signature