



License# 873511

Holloway Construction, Inc
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www.hollowayconstructioninc.net

EMPLOYMENT APPLICATION

Please Print Clearly

Holloway Construction, Inc Is a Drug Free Work Place and Equal Oppurtunity Employer

Date: Position Applied For:

Name:

Address:

Telephone: Cellular Phone:

Email:

Social Security Number:

Emergency Contact Name:

Emergency Contact Cellular Phone:

Relationship:

Are you legally eligilble to work in The United States? () Yes () No

Are you over 18 years of age? () Yes () No

Can you perform all essential physical functions of this job without restriction or impairment? () Yes () No

Have you ever been employed with us before? () Yes () No

If yes, please provide dates:

Have you ever filed an application with us before? () Yes () No

If yes, please provide dates:

Are you related to anyone employed by Holloway Construction, Inc.? () Yes () No

If yes, please give name and relationship:

Date Available for Work: Desired Salary:

Are you currently employed? () Yes () No

Are you on "lay-off" status and subject to recall? () Yes () No

Can you travel if the job requires it? () Yes () No

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

Have you been convicted of any moving violations in the past five years () Yes () No

If yes, please provide number and name of issuing state: _____

Have you ever been fired from, or asked to resign from a job? () Yes () NO

If yes, please explain (Answering yes will not necessarily disqualify you): _____

EDUCATION:

School	Name and Town of School	Course of Study	# Years Completed	Diploma/Degree

Please describe any specialized training, apprenticeships, licenses, certifications, or skills, including computers skills:

WORK EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, sexual orientation, disabilities, or other protected statuses. Please attach another page if needed.

Dates Employed: From: _____	To: _____
Employer: _____	
Address: _____	
Telephone Number(s): _____	
Job Title: _____	Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

Dates Employed: From: _____ To: _____

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

Dates Employed: From: _____ To: _____

Employer: _____

Address: _____

Telephone Number(s): _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

Work Performed: _____

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed: _____

If there is a particular employer you do not wish us to contact, please indicate which one(s) and why:

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION:

Please read carefully before signing.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required document) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be caused for denial of employment or immediate termination of employment, regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Holloway Construction, Inc. (hereinafter referred to as "HCI"), that such employment with HCI is at will, for no specified duration, and may be terminated by either HCI or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of HCI or its representatives used during the employment process is deemed a contract of employment, real or implied. I understand that no representative of HCI, except an officer, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by an officer of HCI.

In consideration for employment with HCI, if employed, I agree to conform to the rules, regulations, policies and procedures of HCI at all times and understand that such obedience is a condition of employment. I understand that due to the nature of HCI's business, attendance and punctuality are considered essential requirements of every job at HCI and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a positions with HCI, I will be required to submit to a pre-employment drug screening and medical examination, and possibly a background check, as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I expressly authorize, with reservation, HCI, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding HCI, its agents, employees, or representatives, for seeking, gathering, and using truthfully and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this application is considered current for thirty (30) days. If I wish to be considered for employment after this period, I must fill out and submit a new application.

Signature

Date