

**APPLICATION FOR EMPLOYMENT  
WITH  
COLWELL CONSTRUCTION COMPANY, INC.**

P.O. BOX 850  
BLAIRSVILLE, GA 30514

Please complete this application, front and back, in pen

**Personal Data**

Full Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from Home address) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_  
 (If you do not have a home phone, give a phone number where you can be called -  
 family, friend, neighbor) Phone No. \_\_\_\_\_

Name of person this phone belongs to \_\_\_\_\_  
 Relationship to you \_\_\_\_\_

Federal Law prohibits asking your martial status. You may answer if you choose.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Social Security No. \_\_\_\_\_

Are you of legal age to work? Yes \_\_\_\_\_ No \_\_\_\_\_ (Federal law prohibits asking your date  
 of birth. You may give the date if you choose.) Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver License No. \_\_\_\_\_ State \_\_\_\_\_

Commercial License Yes \_\_\_\_\_ No \_\_\_\_\_ Commercial License No. \_\_\_\_\_ State \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

Military Veteran Yes \_\_\_\_\_ No \_\_\_\_\_ Service Dates From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been convicted of a criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain criminal  
 charge or charges, date of conviction, prison confinement / parole. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Education**

High School Attended _____	Location _____	Graduate Yes _____ No _____	H.S. GED Yes _____ No _____
College Attended _____	Location _____	Graduate Yes _____ No _____	Years Completed _____
Vocational/Technical School Attended _____	Location _____	Graduate Yes _____ No _____	Years Completed _____
(Explain schooling/training) _____			
Military Training (explain training) _____			

(Over)

COLWELL CONSTRUCTION CO., INC. IS AN EQUAL OPPORTUNITY EMPLOYER.

## Employment

Job applying for \_\_\_\_\_

Hourly pay rate expected \$ \_\_\_\_\_

List any special work skills you have or equipment you can operate \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List employment beginning with present job

(1) Employer Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Pay Rate \$ \_\_\_\_\_  
Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Leaving \_\_\_\_\_

(2) Employer Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Pay Rate \$ \_\_\_\_\_  
Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Leaving \_\_\_\_\_

(3) Employer Name \_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Pay Rate \$ \_\_\_\_\_  
Starting Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for Leaving \_\_\_\_\_

References: List three persons who know you and your work skills (other than family members and/or friends)

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant please read and sign:

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 30 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 understand, also, that I am required to abide by all rules and regulations of the employer and the first thirty (30) days of my employment is a probationary period.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_