

EMPLOYMENT APPLICATION
BURLEIGH CONSTRUCTION COMPANY, INC.
P. O. BOX 289 CONCORD, VA 24538
EMAIL: INFO@BURLEIGHCONSTRUCTION.COM
AN EQUAL OPPORTUNITY EMPLOYER

Date of Application _____

Complete Name _____

Mailing Address _____

Physical Address (if different from mailing address) _____

Home Telephone Number _____ Cell Number _____

Last Four Digits of Social Security Number _____

Do you have a valid driver's license? YES _____ NO _____

Do you have reliable means of transportation to and from work if hired? _____

Are you at least 18 years of age? YES _____ NO _____

If hired, can you present evidence of U. S. citizenship or your legal right to live and work in this country?

YES _____ NO _____

Have you been convicted of any crimes other than minor traffic violations? If so, please state the nature of the crime and the results of the court case:

Position applying for _____ Date you would be available to start work _____

How did you hear about us? _____

Are you employed now? YES _____ NO _____

If so, may we contact your current employer? YES _____ NO _____

Our type of work requires some weekend work. Would you be available to work on weekends?

YES _____ NO _____

Are you able to perform tasks associated with construction, such as bending, lifting, and carrying heavy loads?

YES _____ NO _____ If no, explain _____

Occasionally, work crews are required to stay out of town overnight. Would you be able to stay out of town

during the week if required? YES _____ NO _____

Have you ever applied with us before? YES _____ NO _____ If so, when? _____

Highest grade completed in education _____ College/Trade School _____

Do you have particular skills, certifications or qualifications which you would like to share in relation to this type of work? _____

Can you operate any type of equipment? _____

EMPLOYMENT HISTORY (Please list three most recent)

NAME & ADDRESS OF EMPLOYER

PHONE NUMBER _____ FROM _____ POSITION _____
TO _____ WAGE _____
REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER

PHONE NUMBER _____ FROM _____ POSITION _____
TO _____ WAGE _____
REASON FOR LEAVING _____

NAME & ADDRESS OF EMPLOYER

PHONE NUMBER _____ FROM _____ POSITION _____
TO _____ WAGE _____
REASON FOR LEAVING _____

PERSONAL REFERENCES

NAME _____ PHONE NUMBER _____
ADDRESS _____ YEARS ACQUAINTED _____

NAME _____ PHONE NUMBER _____
ADDRESS _____ YEARS ACQUAINTED _____

Please read the following statements and sign below:

By signing my name below, I certify that the answers given in this application for employment are true and correct to the best of my knowledge. I authorize any inquiry into the statements made in this application as may be necessary in reaching an employment decision. I understand that any false or misleading information given in this application or during a pre-employment interview, including failure to disclose requested information, may result in my discharge.

I understand that I will be required to pass a drug test before a final offer of employment is made. By signing my name below, I consent to these procedures. I understand that if I voluntarily terminate my employment within the first 30 calendar days, the cost of this procedure will be deducted from my final paycheck. I also understand that I will be required to provide, at my own expense, a copy of my DMV driving record and that an unsatisfactory driving record could be grounds for not being offered employment.

I understand that any employment relationship with this employer is "at-will", which means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I also understand that this at-will employment relationship may not be changed by any written document or by any behavior, unless the change is specifically acknowledged in writing by M. Phillip Burleigh.

Signature of Applicant _____ Date _____

DUE TO REPORTS REQUIRED BY AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY, THE FOLLOWING NEEDS TO BE ANSWERED.

SEX _____ RACE _____