



POINTER CONSTRUCTION GROUP

EMPLOYMENT APPLICATION

Please email completed form to HR@pointercg.com

APPLICANT INFORMATION			
Last Name	 First	 M.I.	 Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-Mail Address		
Date Available	SSN	Desired Salary	
Position Applied For			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you authorized to work in the U.S. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, explain.			
EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
REFERENCES			
<i>Please list three professional references</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
EMERGENCY CONTACT			
Name:		Phone ()	
Relationship:			

Name: _____

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
Responsibilities			
From	To	Reason for Leaving:	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

Name: _____

DRIVING INFORMATION						
Do you have a current driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>						
State		License No.			Expire Date	
Has your driver's license ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, please explain the circumstances:						
Do you have personal automobile insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Insurance Company						
Has your personal automobile insurance ever been cancelled: Yes <input type="checkbox"/> No <input type="checkbox"/>						
If Yes, please explain the circumstances:						
Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain the circumstances and outcome:						
Please list all moving traffic violations in the last five (5) years:						
Offense	Date	Location		Offense	Date	Location
Offense	Date	Location		Offense	Date	Location
Offense	Date	Location		Offense	Date	Location

Name: _____

DISCLAIMER AND SIGNATURE

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, REGION, SEX AGE, CITIZENSHIP, MARTIAL STATUS, DISABILITY OR NATIONAL ORIGIN.

APPLICANT’S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice of reason, and the Company has the same right. No one other than the president of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I further understand that if employed, I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed, my employment will be for no definite period and “at will”.

By signing below, I certify that all of the information that I provide on this Application and in any interview will be true, complete and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.

I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, department of motor vehicle reports and investigative consumer reports. I further understand that the term “investigative consumer report” means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends or associates, or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature of Applicant

Date