

JOHN MADONNA CONSTRUCTION CO., INC. – APPLICATION FOR EMPLOYMENT

We are an "at will," equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, ancestry, age, sex, sexual orientation, gender, gender identity or expression, religion, disability, medical condition, genetic information, national origin, military or veteran status, or marital status. Offers of employment may be contingent on applicant passing a job related physical examination and/or a skills and agility test.

PERSONAL INFORMATION					
Last Name:	First Name:	Middle:	Social Security Number:		
Address:		City:	State:	Zip Code:	Phone Number:
Email Address:		Position Applied For:		Date First Available:	Are you 18 or Older?
EDUCATION					
	School Name & Location	Grade Completed – Graduate?	Studies/Degree		
Grammar School		K 1 2 3 4 5 6 7 8			
High School		1 2 3 4 Yes No			
College		1 2 3 4 Yes No			
Trade School		1 2 3 4 Yes No			
FORMER EMPLOYMENT (Include last employers or major periods of unemployment, (1 month or more) starting with the last one first.)					
Date: Month/Year	Name, Address & Phone Number of Former Employer and/or List Periods of Unemployment	Salary on Leaving	Position	Reason for Leaving	
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
REFERENCES (List three persons not related to you,, whom you have known at least one year.)					
Name	Address/Phone	Relation	Years Acquainted		
Are you able to perform the tasks of the job applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This may be with or without accommodation.)</i>					
CERTIFICATION: I certify that I am eligible to work in the United States and I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I authorize investigation on all statements contained in this application. I understand that misrepresentation, or the omission of any information requested in this application process, may result in dismissal. I authorize all former employers, educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. Further, I understand and agree that my employment is "at will," which is for no definite period and may, regardless of the method of payment of my wages or salary, be terminated at any time without cause and without previous notice. I accept the employer's right to enter into Alternative Dispute Resolution Procedure to resolve employment disputes.					
Signature:		Date:		CA Drivers License No.	