

## JOB APPLICATION

## Killebrew construction 74892 Sunset Dr, Twentynine Palms, California 92277 909-205-4893

Killebrew Construction is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information  Applicant Name:						
Address:						
City, State and Zip Code:	City, State and Zip Code:					
Telephone Number:						
Email Address:						
Date of Application:						
Employment Position Position(s) applying for: (fu	ıll time)					
How did you hear about this	position?					
What days are you available	for work?					
If needed, are you available to work overtime?						
On what date can you start working if you are hired?						
Do you have reliable transpo	rtation to and from work?					
Salary desired:						
Personal Information						
Have you ever applied to or worked for Killebrew construction before?			No			
If yes, when?						
De constitue de la constitue d		<b>-</b> -				
If yes, state name & relations	atives, or acquaintances working for Killebrew construction ship:	Yes _	No			
Are you 18 years of age or o	lder?	– – Yes	No			
		Yes				
Are you a U.S. citizen or approved to work in the United States?			No			
What document can you pro-	vide as proof of citizenship or legal status?					

Will you consent to a mandatory controlled substance test?				No
Do you have any condition which would require job accommodations?				No
If yes, please describe accommodations required below.				
Have you ever been convic	ted of a criminal offense (felo	ony or misdemeanor)?	Yes	No
If yes, please state the natu	ure of the crime(s), when and	where convicted and o	disposition of the	case:
The date of the offense, a	lenied employment solely on the nature of the offense, in nd the surrounding circumst however, be considered.)	ncluding any significar	nt details that af	ffect the
Job Skills/Qualifications Please list below the skills a	nd qualifications you possess	s for the position for wh	nich you are apply	/ing:
measures that may be nece	n complies with the ADA and ssary for eligible applicants/e tested on skill/agility and may fessional.)	employees to perform e	ssential functions	s. It is
Education and Training				
High School Name	Location (City, State)	Year Graduated	Degree Earr	ned
College/University	1			
Name	Location (City, State)	Year Graduated	Degree Earr	ned
Vocational School/Special	ized Training			
Name	Location (City, State)	Year Graduated	Degree Earr	ned
Military: Are you a member of the A	rmed Services?		<u> </u>	

Reference		Contact Information	
<u>References</u> Please provide 3 personal and profe	essional referen	ce(s) below:	
Reason for leaving:			
Dates Employed:			
City, State and Zip Code: Employer Telephone:			
Employer Address:	-		
Supervisor Name:			
Employer Name: Job Title:			
Reason for leaving:			
Employer Telephone: Dates Employed:			
City, State and Zip Code:			
Employer Address:			
Supervisor Name:	-		
Employer Name: Job Title:			
Reason for leaving:			
Dates Employed:			
Employer Telephone:			
City, State and Zip Code:			
Supervisor Name: Employer Address:			
Job Title:			
<u>Previous Employment</u> Employer Name:			
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What military skills do you possess	-	an asset for this position?	
How many years did you serve in	_		
What was your military rank when	discharged?		
What branch of the military did you	enlist?		-

## **AT-WILL EMPLOYMENT**

The relationship between you and the Killebrew construction is referred to as "employment at will." This

means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Killebrew construction . No representative of Killebrew construction has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:	Dated:	
Applicant Signature:	Dated:	