



Builders

1466 Hwy 64 E • Vilonia, AR 72173

Phone (501) 796-2634

(PLEASE PRINT)

PERSONAL INFORMATION

DATE OF APPLICATION: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: APT#: _____

CITY, STATE, ZIP: _____ COUNTY: _____

PHONE: _____ ALTERNATE PHONE: _____

YOUR MINIMUM SALARY REQUIREMENTS: _____ PER HOUR

WHAT TYPE OF WORK ARE YOU APPLYING FOR: _____ FULL TIME _____ PART TIME

DAYS AVAILABLE TO WORK: S M T W TH F S

HOURS AVAILABLE TO WORK: _____

DATE AVAILABLE TO WORK: _____ WHO REFERRED YOU TO ICC: _____

ARE YOU A U.S. CITIZEN? YES NO

IF NOT, DO YOU HAVE A VISA WHICH ALLOWS YOU TO WORK? YES NO

TYPE OF VISA: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN TRAFFIC RULES?

YES NO

IF YES, DESCRIBE THE CIRCUMSTANCES. (NOTE: A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS TIME OF THE OFFENSE, REHABILITATION, AND THE SERIOUS NATURE OF THE VIOLATION WILL BE CONSIDERED.)

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

IF YES, FROM WHAT STATE: _____

DO YOU HAVE RELIABLE TRANSPORTATION EVERYDAY? YES NO

DO YOU HAVE A VALID COMMERCIAL LICENSE? YES NO

IF YES, FROM WHAT STATE: _____

PLEASE INDICATE ANY OTHER SKILLS AND ABILITIES YOU POSSESS. _____

EDUCATION

DID YOU GRADUATE HIGH SCHOOL? YES NO

HIGH SCHOOL NAME: _____ DATES ATTENDED: FROM _____ TO _____

EMPLOYMENT RECORD

BEGIN WITH MOST RECENT POSITION HELD AND LIST IN REVERSE CHRONOLOGICAL ORDER YOUR WORK HISTORY, OR JOBS HELD WITHIN THE LAST 10 YEARS, INCLUDING TEMPORARY JOBS. PLEASE INCLUDE ANY SPECIFIC EXPERIENCE THAT DEMONSTRATES HOW YOU MEET THE MINIMUM REQUIREMENTS FOR THE POSITION WHICH YOU ARE APPLYING. IF YOU WERE EMPLOYED UNDER A DIFFERENT NAME, GIVE NAME USED. IF NECESSARY, ATTACH ADDITIONAL PAGES.

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

SUPERVISOR NAME: _____ TITLE: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: START _____ END _____

DESCRIBE YOUR DUTIES: _____

REASON(S) FOR LEAVING: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

SUPERVISOR NAME: _____ TITLE: _____

DATES OF EMPLOYMENT: FROM _____ TO _____ SALARY: START _____ END _____

DESCRIBE YOUR DUTIES: _____

REASON(S) FOR LEAVING: _____

IT IS OUR PROCEDURE TO CHECK ALL REFERENCES. IF YOU DO NOT WISH TO HAVE YOUR CURRENT EMPLOYER/SUPERVISOR CONTACTED, PLEASE CHECK THE BOX BELOW.

_____ DO NOT CONTACT MY PRESENT EMPLOYER.

COMMENTS: _____

HAVE YOU EVER APPLIED HERE BEFORE? _____ IF YES, GIVE POSITIONS SOUGHT: _____

HAVE YOU EVER BEEN DISCHARGED, FIRED, OR ASKED TO RESIGN FROM ANY POSITION? _____

IF YES, PLEASE EXPLAIN: _____

IN ACCORDANCE WITH APPLICABLE FEDERAL AND STATE LAWS, ICC DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, SEX, SEXUAL ORIENTATION, DISABILITY, NATIONAL OR ETHNIC ORIGIN.

OR VETERAN STATUS. I UNDERSTAND THAT OFFICIAL JOB OFFERS FROM ICC ARE MADE BY THE EMPLOYMENT OFFICE AND, UNLESS HUMAN RESOURCES INDICATES A DIFFERENT PROCEDURE, OFFERS MADE BY ANYONE ELSE SHOULD BE CONSIDERED UNOFFICIAL AND INVALID. ICC IS A DRUG FREE WORKPLACE. ALL EMPLOYEES WILL BE REQUIRED TO TAKE A DRUG SCREEN TEST PRIOR TO EMPLOYMENT. RANDOM DRUG SCREENING WILL BE REQUESTED DURING EMPLOYMENT AT THE DISCRETION OF THE COMPANY OFFICERS. I HERE BY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYED, ALL FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISMISSAL. IN PROCESSING THIS EMPLOYMENT APPLICATION, ICC IS AUTHORIZED TO CONTACT AN INVESTIGATION OF MY PERSONAL HISTORY FOR PURPOSES OF DETERMINING MY QUALIFICATIONS FOR EMPLOYMENT. SUCH INVESTIGATION MAY INCLUDE OBTAINING AN INVESTIGATIVE CONSUMER REPORT AND CONTACTING MY PREVIOUS EMPLOYERS AND MY REFERENCES TO GIVE ICC ANY INFORMATION CONCERNING MY PROFESSIONAL COMPETENCE, ETHICS, CHARACTER AND OTHER QUALIFICATIONS FOR EMPLOYMENT.

SIGNATURE: _____ DATE: _____