



Dale Construction, LLC
 Po Box 3442
 Bethel, AK 99559
 907-543-2800

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

 Last Name First Name MI Today's Date

 Social Security # Date of Birth Driver's License/State Issued

 Cell # Other # Email (PLEASE PRINT CLEARLY)

 Physical Address City, State, Zip Mailing Address City, State, Zip

EMPLOYMENT DESIRED

 Position Date you can start Salary Desired

Are you legally authorized to work in the US? Yes No

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

EMPLOYMENT HISTORY

 Name of Current or Last Employer Address Phone #

 Name of Supervisor Title Phone #

 Start Date Leave Date Reason for Leaving

 Job Title Rate of Pay

 Description of Work

 Name of Previous Employer Address Phone #

 Name of Supervisor Title Phone #

 Start Date Leave Date Reason for Leaving

 Job Title Rate of Pay

 Description of Work

GENERAL INFORMATION

 Special Training, Certifications, Licenses

 Special Skills, Foreign Languages, Etc.

EDUCATION HISTORY

HIGH SCHOOL: Did you graduate? Yes No

Name Location Years Attended Subjects Studied

COLLEGE: Did you graduate? Yes No

Name Location Years Attended Subjects Studied

TRADE SCHOOL: Did you graduate? Yes No

Name Location Years Attended Subjects Studied

PERSONAL BACKGROUND INFORMATION

In the past 7 years, have you been convicted of a felony, misdemeanor, or do you have any charges pending for criminal offense? Yes No

If yes, explain: _____

Are you required to register as a sex offender? Yes No

PROFESSIONAL REFERENCES

Name Address Business Phone#

Name Address Business Phone#

Name Address Business Phone#

EMERGENCY/PERSONAL CONTACTS

Name Relationship Phone #

Name Relationship Phone #

ACKNOWLEDGMENT

I understand and agree that I may be required to take a physical examination or a drug test as a condition of hiring or continued employment. I agree to consent to take such exams/tests at such time as designated by Dale Construction.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant Signature Print Name Date