



GRAE-CON CONSTRUCTION INC.

P.O. Box 1778 • 880 Kingsdale Road
 Steubenville, Ohio 43952
 Phone 740/282-6830
 Fax 740/282-6849

**APPLICATION
 FOR
 EMPLOYMENT**

Personal Information

| | | | |
|--|---------------------------|------------------------|-----|
| Name (Last Name First) | | Social Security Number | |
| Present Address | City | State | Zip |
| Permanent Address | City | State | Zip |
| Are You 18 Or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone (include area code) | | |

Desired Employment

| | | | |
|---|---|---------------------------------|----------------------------------|
| Position | Date You Can Start | Salary Desired | |
| Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No | If So, May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have You Ever Applied To This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where? | When? | |
| Have You Ever Worked For This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No | Where? | When? | |
| Reason For Leaving | | | |
| | | | |
| Name Of Last Supervisor At This Company | | | |
| Who Referred You To This Company? | | | |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Newspaper Advertising | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> State Employment Office | <input type="checkbox"/> College Placement Service | <input type="checkbox"/> Other | |

Education

| School Level | Name & Location Of School | No. Of Years Attended | Did You Graduate? | Subjects Studied |
|--|---------------------------|-----------------------|--|------------------|
| High School Grad. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade, Business Or Correspondence School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

General

| |
|--|
| Subjects Of Special Study Or Research Work |
| Special Training |
| Special Skills |

Former Employers

List Below Last Two Employers, Starting With The Most Recent One First

| | | | | |
|----------------------------------|---------------------|-------|---|-----|
| Name Of Present Or Last Employer | | | | |
| Address | | City | State | Zip |
| Starting Date | Leaving Date | | Job Title | |
| Weekly Starting Salary | Weekly Final Salary | | May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name Of Supervisor | Title | Phone | | |
| Description Of Work | | | | |
| Reason For Leaving | | | | |

| | | | | |
|----------------------------------|---------------------|-------|---|-----|
| Name Of Present Or Last Employer | | | | |
| Address | | City | State | Zip |
| Starting Date | Leaving Date | | Job Title | |
| Weekly Starting Salary | Weekly Final Salary | | May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name Of Supervisor | Title | Phone | | |
| Description Of Work | | | | |
| Reason For Leaving | | | | |

| | | | | |
|----------------------------------|---------------------|-------|---|-----|
| Name Of Present Or Last Employer | | | | |
| Address | | City | State | Zip |
| Starting Date | Leaving Date | | Job Title | |
| Weekly Starting Salary | Weekly Final Salary | | May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name Of Supervisor | Title | Phone | | |
| Description Of Work | | | | |
| Reason For Leaving | | | | |

| | | |
|---|--|----------------------|
| Have You Ever Served An Apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No | Did You Belong To A Union? <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Which Local? |
|---|--|----------------------|

References

Below, Give The Names Of Three People That You Are Not Related To, Whom You Have Known At Least One Year.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|------------------|
| | | | |
| | | | |
| | | | |

Service Record

| Branch Of Service | Discharge Date/Rank |
|-------------------|---------------------|
| | |
| | |
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| | |
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|---|
| Have You Ever Been Convicted Of A Felony Within The Last (5) Years? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Explain. (Will Not Necessarily Exclude You From Consideration) |
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| |

Authorization

"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 an investigation of all statements contained herein, 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 Grae-Con Construction, Inc. from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Grae-Con Construction, Inc. 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 Grae-Con officer."

Signature

Date