



# EMPLOYMENT APPLICATION

Hawkinson Construction is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

*Please Print.*

Today's Date \_\_\_\_\_

## GENERAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Code

Home Telephone Number (\_\_\_\_) \_\_\_\_\_ Message Number (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

*Proof of eligibility documentation must be provided at time of hire as required by law.*

## EMPLOYMENT DESIRED

Position Applied For \_\_\_\_\_

Do you want to work: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_

Specify days and hours available, if part-time \_\_\_\_\_

Date available to start work \_\_\_\_\_ Salary Expectations \_\_\_\_\_

Have you applied for employment with this company within the last 12 months?  Yes  No

Have you ever worked for us before?  Yes  No

*(Please provide your name of record at that time, job title and dates of employment)* \_\_\_\_\_

**EDUCATION**

List education if it is related to the job for which you are applying.

	<b>High School</b>	<b>Technical College</b>	<b>College</b>	<b>Graduate School</b>
School Name and Location				
Years Completed (Circle)	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Did You Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree/Certificate				

**SPECIAL SKILLS/ADDITIONAL TRAINING**

Please describe any special job-related skills and qualifications acquired from employment, other education or volunteer experiences, etc. Do not include experiences which would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, Vietnam-era veteran status, special disabled veteran status, status with regard to public assistance, membership or activity in a local commission, disability or age.

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**MISCELLANEOUS**

Have you ever been convicted of a misdemeanor or felony?  Yes\*  No

If yes, please provide date of conviction, state and county and describe circumstances \_\_\_\_\_

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Has your employment with any employer ever been involuntarily terminated?  Yes  No

If yes, please identify the employer, date of termination and reason for termination: \_\_\_\_\_

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*\*A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, recency, relevancy, work history, education and other circumstances will be considered.*

**EMPLOYMENT HISTORY**  
**(Please Start With Your Present or Most Recent Position)**

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NAME OF EMPLOYER:	ADDRESS:
TELEPHONE NUMBER:	POSITION:
DATES EMPLOYED: FROM: TO:	NAME AND TITLE OF SUPERVISOR:
REASON FOR LEAVING:	
BRIEF DESCRIPTION OF YOUR WORK AND RESPONSIBILITIES:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## REFERENCES

Please provide the names of three business references who are not related to you. If you do not have any employment-related references, please list individuals who can comment on your work skills.

Name	Phone Number	Address	Years Known and In What Capacity
1.			
2.			
3.			

## SIGNATURE

**APPLICANT:** *Please read the following carefully before signing this application.*

- I certify the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice until I have completed my Probationary Period. This Company's policies and procedures cannot be modified in any way without express written intent to do so by the President of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- Unless otherwise noted above, I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- I understand that all Company property must be returned and any indebtedness to the Company must be paid on or before my last day of work. I authorize the Company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

**By signing below, I acknowledge that I have read, understand and agree with the above statements.**

\_\_\_\_\_

Date

\_\_\_\_\_

(Signature of Applicant)



# VOLUNTARY SELF-IDENTIFICATION FORM FOR APPLICANTS WITH NEW EEO-1 RACE AND ETHNICITY CATEGORIES

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## TO ALL APPLICANTS:

Hawkinson Construction is an **Equal Opportunity Employer** and as such we are subject to certain governmental recordkeeping and reporting requirements. At this time, we are asking you to help us meet our obligations by completing the following information. This information will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to do so will not subject you to any adverse treatment.** All information provided will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process or to make a selection decision.

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### Part I: General Information:

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First MI Month/Day/Year

Position Applied for \_\_\_\_\_

### Part II: Gender, Ethnicity and Race Information: *For Ethnicity and Race, please check ONE box only from the list below*

- Male                       Female
  
- Hispanic or Latino**                      A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
  
- White**  
(Not Hispanic or Latino)                      A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
  
- Black or African American**  
(Not Hispanic or Latino)                      A person having origins in any of the black racial groups of Africa.
  
- Native Hawaiian or Other Pacific Islander**  
(Not Hispanic or Latino)                      A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  
- Asian**  
(Not Hispanic or Latino)                      A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
  
- American Indian or Alaskan Native**  
(Not Hispanic or Latino)                      A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
  
- Two or More Races**  
(Not Hispanic or Latino)                      All persons who identify with more than one of the above five races.
  
- I do not wish to provide the information requested above.**

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**APPLICANT VOLUNTARY SELF-IDENTIFICATION INFORMATION (con't.)**

**PART III. Disabilities, Special Disabled Veterans, Veterans of the Vietnam-Era and Other Veterans Information** (Check all applicable boxes)

- Individual with a Disability      An “individual with a disability” means a person who: 1) has a physical or mental impairment which substantially limits one or more of his or her major life activities; 2) has a record of such impairment, or 3) is regarded as having such an impairment.
- Special Disabled Veteran      A “special disabled veteran” means A) a person who is entitled to disability compensation under laws administered by the Veterans Administration or a disability 1) rated at 30 percent or more; or 2) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38 to have a serious employment disability or B) a person who was discharged or released from active duty because of a service-connected disability.
- Veteran of the Vietnam      A “veteran of the Vietnam era” means a person who: A) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of the active duty occurred: 1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or 2) between August 5, 1964 and May 7, 1975, in all other cases; or B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed 1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or 2) between August 5, 1964 and May 7, 1975, in all other cases.
- Other Veteran      “Other veteran” means veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the relevant campaigns or expeditions, contact Rosemary Brenden at the Hawkinson Construction Human Resources Department.
- Newly Separated Veteran      Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.

If you are an individual with a disability or special disabled veteran, you may choose to use the space below to tell us about:

- 1) Any special methods, skill, and procedures which qualify you for positions within Hawkinson Construction so that you can be considered for any positions of that kind, and
- 2) The reasonable accommodations which we could make which would enable you to perform the job properly and safely, including special equipment or other accommodations.

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I do not wish to provide the information requested.

**Part IV: REFERRAL SOURCE: Please indicate how you heard about this opening**

- Company website     Job board     Newspaper     Temp agency     Search firm
- Educational institution     Walk-in     Employee referral     College Recruiting
- Professional Association     Other \_\_\_\_\_