



CCB# 204091

HamConBuilders.com

2054 Antelope Road White City, OR 97503

P. (541)826-2777 ~ F. (541)826-2775

APPLICATION FOR EMPLOYMENT

HAMCON BUILDERS IS AN EQUAL OPPORTUNITY EMPLOYER

DATE: _____

PERSONAL INFORMATION:

NAME: _____
LAST FIRST MIDDLE

ARE YOU 18 YEARS OR OLDER? YES / NO

DRIVER'S LICENSE: _____ IS IT CURRENT AND ACTIVE? YES / NO
STATE NUMBER

SSN#: _____ - _____ - _____ ARE YOU ELEGABLE FOR EMPLOYMENT IN THE UNITED STATES? YES / NO

CURRENT ADDRESS:

CITY STATE ZIP

PHONE NUMBER: HOME: (_____) _____ - _____ CELL: (_____) _____ - _____

EMPLOYMENT INFORMATION:

POSITION DESIRED: _____ SALARY DESIRED: _____

DATE YOU CAN START: _____ REFERRED BY: _____

HAVE YOU APPLIED TO THE COMPANY BEFORE? YES / NO WHEN? _____

DO YOU HAVE THE REQUIRED TOOLS FOR THE JOB YOU'RE APPLYING FOR: YES/NO - Initial _____

ARE YOU CURRENTLY EMPLOYED? YES / NO IF SO, MAY WE CONTACT YOUR EMPLOYER? YES / NO

PLEASE LIST YOUR LAST THREE (3) EMPLOYERS – BEGINNING WITH YOUR MOST RECENT/CURRENT:
COMPANY NAME: _____ DATES EMPLOYED: _____

SUPERVISOR: _____ PHONE NUMBER: _____

ADDRESS: _____
CITY STATE ZIP

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SUPERVISOR: _____ PHONE NUMBER: _____

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SUPERVISOR: _____ PHONE NUMBER: _____

ADDRESS: _____
CITY STATE ZIP

EDUCATION:

HIGH SCHOOL: _____
NAME CITY STATE

COLLEGE: _____
NAME CITY STATE

TRADE OR BUSINESS SCHOOL: _____
NAME CITY STATE

OTHER INFORMATION/COMMENTS: _____

PERSONAL REFERENCES: (THREE PEOPLE YOU ARE NOT RELATED TO, WHOM YOU'VE KNOWN AT LEAST ONE YEAR)

NAME: _____ RELATIONSHIP: _____

YEARS ACQUAINTED _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

YEARS ACQUAINTED _____ PHONE NUMBER: _____

NAME: _____ RELATIONSHIP: _____

YEARS ACQUAINTED _____ PHONE NUMBER: _____

WHOM DO YOU WANT US TO NOTIFY IN CASE OF EMERGENCY?

NAME

ADDRESS

PHONE NUMBER

Please rate your skill level in the list below; use a scale of 1-5 (1-having little to no experience, 5-being very experienced). Also, please place a checkmark in the box under "Tools" if you own the tools needed for the corresponding trade. Under "Duration", please write the number of years in which you have experience in that trade. A brief description of your capabilities is also appreciated.

Trade	Rate	Tools	Duration	Capabilities
Carpentry				
Cut Roof				
Cut Stairs				
Foundation				
Concrete slab				
Finish work				
Hang doors				
Roofing				
Siding				
Tile work				
Build shower pan				
Flooring				
Plumbing				
Electrical				
Painting				
Cleaning				
Safety Training				
Drywall				

If you have additional comments, please specify here: (additional space on next page)

Physical Capabilities Questionnaire (Please certify your physical capabilities of the following tasks.)

Able to lift, carry, push/pull (*check & initial in appropriate boxes*):

<i>Pounds</i>	<i>1-10 lbs</i>	<i>11-20 lbs</i>	<i>21-50 lbs</i>	<i>50-75 lbs</i>	<i>Over 75 lbs</i>
<i>Occasionally</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<i>Frequently</i>	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Able to (*check & initial in appropriate boxes*):

<i>TASK</i>	<i>Continuous 67-100% of the day</i>	<i>Frequently 34-66% of the day</i>	<i>Intermittently < 33% of the day</i>	<i>Not at all</i>
Stoop/Bend	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Crouch	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Crawl	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Kneel/Squat	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Twist	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Climb/Stairs/Ladders	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Balance	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Reach	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Push/Pull	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Feel free to clarify or explain any answers:

PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions of the application information, attachments and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I authorize HAMCON BUILDERS, LLC and its successors or assigns, to make inquiries regarding details of my past/current employment.

I authorize HAMCON BUILDERS, LLC and its successors or assigns, to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. HAMCON BUILDERS, LLC and its successors or assigns has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

If hired I will read and recognize the rules and policies of HAMCON BUILDERS, LLC and its successors or assigns. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of HAMCON BUILDERS, LLC and its successors or assigns. I understand that any representative of HAMCON BUILDERS, LLC and its successors or assigns is the only person who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

I understand and acknowledge that I may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to HAMCON BUILDERS, LLC and its successors or assigns, for their use in evaluating my suitability for employment. Further, I release the examining facility and HAMCON BUILDERS, LLC and its successors or assigns from any and all liability, and from any damage that may result from the release of such information.

I acknowledge reading and understanding the foregoing statements.

Signature

Date

FOR OFFICE USE ONLY

INTERVIEWED BY: _____ DATE: _____

NOTES: _____

TOOLS: _____

HIRED: YES / NO

POSITION: _____

WAGE/SALARY: _____

DATE TO BEGIN WORKING: _____

HARDHAT: YES/NO Applicants Initials: _____

SAFETY VEST: YES/NO Applicants Initials: _____

SAFETY GLASSES: YES/NO Applicants Initials: _____

EAR PROTECTION: YES/NO Applicants Initials: _____