

Employment Application

		Applicant Info	ormatic	n			
Full Name:						Date:	
	Last	First			M.I.	_	
Address:							
	Street Address						Apartment/Unit #
	City				State		ZIP Code
Home Phon	ne:	Ce	ell Phone:				
Social Secu	ırity #:	Email:					
Diagon list	addraga biotomy for	Address H		aat na	go of appli	oction if	naaaaan/
	address history for	the last 7 years . Use the back	k oi tile i	asi pa	ge or appir	cation ii	necessary.
Address:	Street Address						Apartment/Unit #
	City				State		ZIP Code
	,	Educati	ion				_
High Schoo	l:	Address:					
riigir Gariaa				0			
From:	To:	Did you graduate?			iploma:		
College:		Address:					
From:	To:	Y Did you graduate?	∕ES N	O 	earee:		
Other:		Address:					
From:	To:		∕ES N □ [egree:		
Additional C	Certifications						
(List all work re	levant certifications)						
Date Avail	able:	Desired Salary: \$	Р	osition	Applied f	or:	

Are you a citizen of the United	States?	YES	NO	YES NO If no, are you authorized to work in the U.S.? ☐ ☐
Have you ever worked for this	company?	YES	NO	If yes, when?
Have you been convicted of a	crime in the la	ıst 5 yea	ars?	YES NO Date of Conviction:
If so, please list the location an	d pertinent de	etails of	convi	ction:
If incarcerated, please list the a	applicable date	es or tir	ne per	iod:
Please identify a parole or prob	oation officer to	o whon	า you r	eport:
				r of employment and will only be considered in relation ed to disclose any arrest or conviction that has been
		[Drivin	g Record
License State: Li	cense Numb	er:		Expiration Date:
YES Is your license valid?		cense	Type/	Classification:
		J 4 - 4 L		
Please list all moving violation	ons and accid	ienis ir	nat ha	ve occurred in the past 3 years:
	pital Interior	Contra	ctors,	Inc. obtaining an abstract of my driving record pursuant to
I authorize and consent to Ca	pital Interior of Virginia (19	Contra 950) sh	ctors,	Inc. obtaining an abstract of my driving record pursuant to all information therein:
I authorize and consent to Ca § 46.2-208(B)(6) of the code	pital Interior of Virginia (19	Contra 950) sh	ctors, nowing	Inc. obtaining an abstract of my driving record pursuant to gall information therein: Date:
I authorize and consent to Ca § 46.2-208(B)(6) of the code of Signature:	pital Interior of Virginia (19	Contra 950) sh	ctors,	Inc. obtaining an abstract of my driving record pursuant to gall information therein: Date: Date:
I authorize and consent to Ca § 46.2-208(B)(6) of the code of Signature: Witness:	pital Interior of Virginia (19	Contra 950) sh	ctors, nowing	Inc. obtaining an abstract of my driving record pursuant to gall information therein: Date: Date:
I authorize and consent to Ca § 46.2-208(B)(6) of the code signature: Witness: Please list three references (pital Interior of Virginia (19	Contra 950) sh	ctors, nowing Refe	Inc. obtaining an abstract of my driving record pursuant to all information therein: Date: Date: Date:
I authorize and consent to Ca § 46.2-208(B)(6) of the code of Signature: Witness: Please list three references (A Full Name:	pital Interior of Virginia (19	Contra 950) sh	ctors, nowing Refe	Inc. obtaining an abstract of my driving record pursuant to gall information therein: Date: Date: Date: Relationship:
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Employn	nent History				
Please list your last three employers, starting with the	most recent. (A more extensive list (7 years) may be required upon hire.)				
Company:	Phone:				
Address:	Supervisor:				
Job Title: Starting	Salary: \$ Ending Salary: \$				
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous supervisor for a reference?	YES NO				
Company:	Phone:				
Address:	Supervisor:				
Job Title: Starting	Salary: \$ Ending Salary: \$				
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous supervisor for a reference?	YES NO				
Company:	Phone:				
Address:	Supervisor:				
Job Title: Starting	Salary: \$ Ending Salary: \$				
Responsibilities:					
From: To:	Reason for Leaving:				
May we contact your previous supervisor for a reference?	YES NO				
Militar	y Service				
Branch:	From: To:				
Rank at Discharge:	Type of Discharge:				

Drug and Alcohol Testing

In the event that the company determines that I am eligible for an offer of employment, I understand that I may be required to participate in a blood and/or urine test for substance abuse or chemical dependency. I consent to administration of such a test. I understand that in the event that I refuse to such a test or a test positive for substance abuse or chemical dependency, my application for employment will be denied. An exception will be made for the use of legally prescribed medication taken under the direction of a physician.

Applicant's Certification and Acknowledgement

As an applicant for employment with Capital Interior Contractors, Inc. ("Capital"), I hereby certify and represent to Capital that all of the information contained in this Application for Employment is true, correct and complete and is not misleading. I submit this information to Capital making specified representations about my skills, education, expertise and experience so that I may be evaluated in connection with seeking a position of employment. I recognize that Capital will reasonably rely upon all of the information that I provide and represent to it and, therefore, will be damaged by any misleading, incomplete, incorrect and/or false information that I submit and/or represent. I understand that, if any of the information contained in this Application for Employment is misleading, untrue, incorrect and/or incomplete, I will become ineligible for employment consideration or, if I am hired, my employment with Capital will be terminated.

I understand that Capital may (in its sole discretion) choose to conduct a thorough background investigation of me and my background. I hereby authorize and grant any irrevocable permission to Capital to conduct a thorough background investigation, including contacting and interviewing all of my former employers and all of my references regarding my entire background – whether positive or negative. I further authorize all of my former employers and all references to release any and all information concerning me, my previous employment and/or my background. I hereby release all of my previous employers and all references from any and all liability whatsoever in connection with any statements made by them to Capital to ensure that their comments will be both candid and complete. I further release Capital from any and all liability whatsoever in connection with conducting a thorough background investigation of me or from its use of any of the information that it obtains in the course of conducting such an investigation.

I understand and agree that, if I am employed at Capital, my employment will be based upon *mutual consent* and will be governed by Virginia's *At-Will Doctrine*. Either I or Capital, or both, in our sole discretion, may terminate the employment relationship at any time, for any reason or no reason, without incurring any liability to the other whatsoever. I further understand that no representative of Capital has the authority to enter into a verbal contract of employment or alter any employment terms verbally.

I REALIZE THAT THIS APPLICATION IS NOT A CONTRACT OR OFFER OF EMPLOYMENT.

Signature:	Date:	
•	-1	Undated 1/1/2021