



PINE KNOLL CONSTRUCTION CO., INC.

210 EBERT RD. WINCHESTER, VA 22603
PHONE 540-667-3092 FAX 540-667-3263

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, or any other legally protected status.

DATE _____ POSITION APPLIED FOR _____

HOW DID YOU HEAR ABOUT US ? _____

DATE AVAILABLE FOR WORK _____ DESIRED SALARY _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS FOR PAST THREE YEARS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____ CELL PHONE NUMBER _____

BEST TIME TO CONTACT YOU _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

PHONE NUMBER _____

ARE YOU 18 YEARS OF AGE OR OLDER ? _____ IF YOU ARE UNDER 18 YEARS

OF AGE CAN YOU PROVIDE PROOF OF ELIGIBILITY TO WORK? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY

BECAUSE OF VISA OR IMMIGRATION STATUS? _____
(PROOF OF CITIZENSHIP OR IMMIGRATION REQ.)

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE _____

IF SO WHAT DATE _____ FRIENDS OR RELATIVES EMPLOYED HERE _____

ARE YOU CURRENTLY EMPLOYED? _____ MAY WE CONTACT EMPLOYER _____

ARE YOU AVAILABLE FOR FULL TIME EMPLOYMENT _____

DO YOU HAVE A DRIVERS LICENSE _____ ISSUING STATE(S) _____

EXPIRATION DATE OF DRIVERS LICENSE _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY _____ IF YES, PLEASE EXPLAIN _____

ELEMENTARY SCHOOL ADDRESS GRADE COMPLETED

HIGH SCHOOL ADDRESS GRADE COMPLETED

EMPLOYMENT HISTORY FOR PREVIOUS 10 YEARS

1. _____
EMPLOYER ADDRESS PHONE NUMBER CONTACT

DATES EMPLOYED DUTIES REASON FOR LEAVING

IF YOU DROVE A COMMERICAL MOTOR VEHICLE WAS YOUR JOB A SAFETY SENSITIVE FUNCTION THAT REQUIRED ANY DOT REGULATED ALCOHOL OR SUBSTANCE ABUSE TESTING _____

2. _____
EMPLOYER ADDRESS PHONE NUMBER CONTACT

DATES EMPLOYED DUTIES REASON FOR LEAVING

IF YOU DROVE A COMMERICAL MOTOR VEHICLE WAS YOUR JOB A SAFETY SENSITIVE FUNCTION THAT REQUIRED ANY DOT REGULATED ALCOHOL OR SUBSTANCE ABUSE TESTING _____

3. _____
EMPLOYER ADDRESS PHONE NUMBER CONTACT

DATES EMPLOYED DUTIES REASON FOR LEAVING

IF YOU DROVE A COMMERICAL MOTOR VEHICLE WAS YOUR JOB A SAFETY SENSITIVE FUNCTION THAT REQUIRED ANY DOT REGULATED ALCOHOL OR SUBSTANCE ABUSE TESTING _____

4. _____
EMPLOYER ADDRESS PHONE NUMBER CONTACT

DATES EMPLOYED DUTIES REASON FOR LEAVING

IF YOU DROVE A COMMERICAL MOTOR VEHICLE WAS YOUR JOB A SAFETY SENSITIVE FUNCTION THAT REQUIRED ANY DOT REGULATED ALCOHOL OR SUBSTANCE ABUSE TESTING _____

5.

EMPLOYER	ADDRESS	PHONE NUMBER	CONTACT

DATES EMPLOYED _____ DUTIES _____ REASON FOR LEAVING _____
 IF YOU DROVE A COMMERCIAL MOTOR VEHICLE WAS YOUR JOB A SAFETY SENSITIVE FUNCTION THAT REQUIRED ANY DOT REGULATED ALCOHOL OR SUBSTANCE ABUSE TESTING _____

6.

EMPLOYER	ADDRESS	PHONE NUMBER	CONTACT

DATES EMPLOYED _____ DUTIES _____ REASON FOR LEAVING _____
 IF YOU DROVE A COMMERCIAL MOTOR VEHICLE WAS YOUR JOB A SAFETY SENSITIVE FUNCTION THAT REQUIRED ANY DOT REGULATED ALCOHOL OR SUBSTANCE ABUSE TESTING _____

EQUIPMENT OPERATORS, PLEASE LIST ALL EQUIPMENT THAT YOU CAN OPERATE _____

DESCRIBE ANY SPECIAL TRAINING, EXTRACURRICULAR ACTIVITIES, MILITARY EXPERIENCE AND/OR APPRENTICESHIPS _____

REFERENCES NOT RELATED TO YOU

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ PHONE NUMBER _____

NAME _____ ADDRESS _____ PHONE NUMBER _____

COMMERCIAL DRIVERS LICENSE APPLICANTS ONLY

ARE YOU AT LEAST 21 YEARS OF AGE _____ DATE OF BIRTH _____

CLASS OF LICENSE _____

LIST YOUR EXPERIENCE IN THE OPERATION OF A COMMERCIAL VEHICLE INCLUDING TYPE OF EQUIPMENT YOU HAVE OPERATED _____

PLEASE LIST ALL MOTOR VEHICLE ACCIDENTS WITHIN THE PAST 3 YEARS. LIST DATE, NATURE OF ACCIDENT AND IF ANY PERSONAL INJURY OR FATALITIES IT CAUSED _____

LIST ALL VIOLATIONS OF MOTOR VEHICLE LAWS (OTHER THAN PARKING) FOR WHICH YOU WERE CONVICTED, FORFEITED BOND OR COLLATERAL FOR THE PAST 3 YEARS_____

HAVE YOUR LICENSE EVER BEEN DENIED, REVOCATED OR SUSPENDED? _____

LIST IN DETAIL ANY FACTS OR CIRCUMSTANCES OF ANY DENIAL, REVOCATION OR SUSPENSION OF ANY LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE_____

DURING YOUR PREVIOUS EMPLOYMENT WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?_____

NOTE: PLEASE BE INFORMED THAT WE MAY POSSIBLY USE THE INFORMATION THAT YOU PROVIDE TO CONTACT PREVIOUS EMPLOYERS FOR THE PURPOSE OF INVESTIGATING YOUR SAFETY PERFORMANCE HISTORY. YOU HAVE THE FOLLOWING DUE PROCESS OF RIGHTS REGARDING THIS INVESTIGATION.

-THE RIGHT TO REVIEW INFORMATION FROM PREVIOUS EMPLOYERS.

-THE RIGHT TO HAVE ERRORS IN THE INFORMATION CORRECTED BY THE PREVIOUS EMPLOYER AND FOR THE PREVIOUS EMPLOYER TO RE-SEND THE CORRECTED INFORMATION TO US.

-THE RIGHT TO HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF YOU AND THE PREVIOUS EMPLOYER DO NOT AGREE ON THE ACCURACY OF THE INFORMATION.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE_____ **SIGNATURE**_____