



BELL CONSTRUCTION COMPANY

GENERAL CONTRACTORS ♦ CONSTRUCTION MANAGERS

P.O. Box 9041, NORTH LITTLE ROCK, AR 72119
PHONE (501) 375-3325 FAX (501)375-2433

BELL CONSTRUCTION COMPANY, INC. APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION OR NATIONAL ORIGIN; OR PHYSICAL HANDICAP.

(PLEASE PRINT)

PERSONAL INFORMATION

Date of Application _____

Social Security Number _____

Name _____ ()M ()F
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone _____ Referred By _____

Date of Birth _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

() White-Not of Hispanic Origin () Black-Not of Hispanic Origin () Hispanic () Asian or Pacific Islander () American Indian or Alaskan Native

U.S. Military or Naval Service _____ Rank _____ Present membership in National Guard or Reserves _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Do you have transportation? _____

Experience _____

(CONTINUE ON BACK)

FORMER EMPLOYERS: List below last four employers starting with most recent.

| DATE MONTH AND YEAR | NAME AND ADDRESS OF EMPLOYER | JOB TITLE AND DESCRIPTION | SALARY | REASON FOR LEAVING |
|------------------------|------------------------------|------------------------------|--------|-----------------------|
| FROM _____ TO _____ | | | | |
| FROM _____ TO _____ | | | | |
| FROM _____ TO _____ | | | | |
| FROM _____ TO _____ | | | | |

REFERENCES: Give below the names of two persons not related to you, whom you have known for at least one year.

| NAME | ADDRESS | BUSINESS | YEARS ACQUAINTED |
|------|---------|----------|------------------|
| | | | |
| | | | |
| | | | |

The questions have been answered to the best of my ability. If employed, I realize false information may be grounds for my dismissal. I hereby authorize and request any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my personal background and I hereby release each such employer or other person, firm or corporation from any and all liability by reason of furnishing the requested information. If accepted for employment, I will comply with all rules and safety regulations of my employer and the department where assigned. I understand that regular employment may require the taking of finger prints or providing such other identification or certification as required by law.

I understand that if employed: 1) any misrepresentation or omission of facts requested in this application is cause for dismissal; and 2) my employment is for no definite period and I may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

ALL APPLICANTS ARE SUBJECT TO PRE-EMPLOYMENT DRUG SCREENING; AND ALSO MAY BE DRUG TESTED AT ANY TIME DURING EMPLOYMENT AT EMPLOYERS DISCRETION.

Date _____ Signature of Applicant _____

In case of emergency notify: _____
NAME ADDRESS PHONE

FOR OFFICE USE ONLY:

Interviewed by: _____ Date: _____ Remarks: _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ POSITION _____ SALARY/WAGES _____