



Fill out COMPLETELY
PLEASE PRINT LEGIBLY OR TYPE

NOTICE
A PRE-EMPLOYMENT DRUG TEST IS
REQUIRED. APPLICANT MUST PASS
BEFORE BEING HIRED.

PERSONAL INFORMATION

Date: _____ Full Name (First, M.I. Last): _____

Social Security Number: _____ Are you legally authorized to work in the U.S.? _____

Street Address _____ City _____ State _____

Residential Mailing Address _____

Telephone Number _____ Cell Number _____

Valid Driver's License? _____ Yes _____ No

Driver's License # _____ State of Issue _____

Have you ever worked for J 29 Enterprises, LLC? _____ Yes _____ No

If yes, from _____ To _____

Do you have any family members working for J29 Enterprises, LLC? _____ Yes _____ No

If yes, please list: _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying, with or with out reasonable accommodations? _____ Yes _____ No

If yes, please explain: _____

Have you been convicted of a crime in the last seven (7) years _____ Yes _____ No



WORK APPLIED FOR

List the type of work you want and are best qualified to do, in order of priority:

1. _____ 2. _____ 3. _____

EDUCATION

SCHOOL	NAME, CITY & STATE	# OF YEARS	DEGREE RECEIVED
HIGHSCHOOL	_____	_____	_____

COLLEGE	_____	_____	_____

OTHER	_____	_____	_____

Licenses

WORK EXPERIENCE

<u>DATE</u>	<u>NAME & ADDRESS</u>	<u>POSITION</u>
From _____ To _____	_____	_____

Reason for Leaving _____		
From _____ To _____	_____	_____

Reason for Leaving _____		



From _____ To _____

Reason for Leaving _____

REFERENCES

First Name _____ Last Name _____

Email _____ Phone _____

Job Title _____

IMPORTANT – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

J29 Enterprises, LLC. will not discriminate against any employee or applicant for employment because of sex, religion, race, creed, color, national origin, age, veteran status, mental health or physical handicap or any other protected category. J29 Enterprises, LLC. will not tolerate discrimination in any form.

J29 Enterprises, LLC. will provide a safe work place for each employee.

J29 Enterprises, LLC. requires each employee to wear safety protective equipment and to report all accidents and unsafe conditions to their supervisor.

J29 Enterprises, LLC. requires all employees to wear hard hats while performing all company work. This is a condition of employment.

AFFIRMATION

If I am employed by J29 Enterprises, LLC., I will conform to all rules and regulations. I understand that my employment can be terminated at anytime, with or without notice, by the company.

I here by affirm that the information provided on this application and resume if any, is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Signature of Applicant

Date

Signature of Supervisor

Date

Signature of General Superintendent (Construction Crew Only)

Date

Employment Start Date _____

Position _____