



Wilson Construction

APPLICANT INFO

LAST NAME	FIRST NAME & MIDDLE INITIAL	SSN	DATE OF BIRTH
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Do you own a vehicle? Y or N		Do you have any medical conditions? Y or N	
Military service? Y or N		If yes, which branch?	
Convicted of a crime within the last 5 years? Y or N		If yes, what crime?	
Convicted of a felony? Y or N		If yes, please explain.	
Can you pass a drug screen?		If not, why not?	

POSITION

What position are you applying for?			
How did you learn of the position available?			
EMPLOYMENT TYPE DESIRED	HOURLY RATE DESIRED	SALARY DESIRED	AVAILABLE START DATE
Full Time / Part Time / Temp <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

EDUCATION

SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR & DEGREE EARNED

REFERENCES

NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY

EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
EMPLOYER NAME	POSITION HELD	START DATE	END DATE
SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

OTHER /
APPLICABLE
TRAINING

APPLICABLE
SKILLS /
PROFICIENCIES

SIGNATURE

PRINTED NAME	SIGNATURE	DATE