

# Application for Employment



*Justin-Case, Inc. dba*  
**A.D. CONSTRUCTION**

West Jordan, Utah 84088  
Phone: 801-255-2767 Fax: 801-255-4707  
[www.adconstruction.net](http://www.adconstruction.net)

Please print all information requested  
except signature

Please complete pages 1 - 5

Applicants may be tested for illegal  
drugs

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ If under 18, please list age: \_\_\_\_\_

(1) Position applied for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_/hr

(2) Position applied for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_/hr

Days/Hours available to work:

No Pref \_\_\_\_\_ Thursday \_\_\_\_\_  
Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you travel? \_\_\_\_\_

Employment desired:  Full-time Only  Part-time Only  Full or Part-time

When are you available for work? \_\_\_\_\_

Type of School	Name of School	Location (City, State)	# of years completed	Major/Degree
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), when offense(s) occurred,  
sentence(s) imposed, and type(s) of rehabilitation: \_\_\_\_\_



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Have you ever been in the armed forces?       Yes                               No

Are you a member of the National Guard at the time of application?       Yes                               No

Specialty: \_\_\_\_\_      Date Entered: \_\_\_\_\_      Discharge Date: \_\_\_\_\_

## Work Experience

Please list your work experience for the past FIVE years beginning with your most recent job held. If you were self-employed, list firm name. Additional sheets are available if necessary.

Employer Name: _____	Name of last supervisor: _____
Address: _____ _____	Employment dates: _____
Phone: _____	Pay /Salary (start) _____ (final) _____
Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used and/or learned, and advancements or promotions while employed by this company: _____ _____ _____	

Employer Name: _____	Name of last supervisor: _____
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Employer Name: _____	Name of last supervisor: _____
Address: _____ _____	Employment dates: _____ Pay /Salary (start) _____ (final) _____
Phone: _____	Your last job title: _____
Reason for leaving (be specific) _____	
List the jobs you held, duties performed, skills used and/or learned, and advancements or promotions while employed by this company: _____ _____ _____	

Employer Name: _____	Name of last supervisor: _____
Address: _____ _____	Employment dates: _____ Pay /Salary (start) _____ (final) _____
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May we contact your present employer?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

Reason you couldn't complete yourself: \_\_\_\_\_

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Justin-Case, Inc. dba A.D. Construction (herein after called "the company", I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or an implied contract of employment, or to confer any right to remain an employee of Justin-Case, Inc. dba A.D. Construction, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written document signed by the President of the company. Both the undersigned, and the company, may end the employment-at-will relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby grant the company permission to contact schools, previous employers (unless otherwise stated), references, and others, and hereby release the company from any liability as a result of such contact.

I also understand that (1) the company has a drug/alcohol policy that provides for pre-employment testing, as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the company is terminable at will for any reason by either party.

Signature of Applicant: _____
Date: _____

This company is an equal-opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, and/or disability. We assure you that your opportunity for employment with this company depends solely on your qualifications.

*Thank you for completing this application form, as well as showing interest in employment within our company*