

Application For Employment

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Great Falls Builders, Inc.



Personal Information

Name _____

Address _____	City _____	State _____	Zip _____
---------------	------------	-------------	-----------

Phone Number _____	Alternative Number _____	Email Address _____
--------------------	--------------------------	---------------------

<i>(Optional)</i> Are you a Veteran, Guard, or Reservist? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____
--	---

Are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired, are you willing to submit to a pre-employment physical and drug/alcohol screening test? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

Are you over the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/>	How did you hear about Great Falls? _____	Do you have family that works for GFC? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____
---	--	---

Position

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
-------------------------------------	----------------------------	-------------------

Employment Desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary	Do you have a Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have access to a personally insured vehicle that can be utilized throughout your work shift? Yes <input type="checkbox"/> No <input type="checkbox"/>
--	---	---

Relevant Skills, Licenses, or Certifications: _____

Education

School Name	Location	Years Attended	Degree/Diploma Received	Major (if applicable)

References (No Relatives)

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Responsibilities	Starting Pay Rate		Ending Pay Rate
Skills	City	State	Reason for leaving
Employer (2)	Job Title		Dates Employed
Responsibilities	Starting Pay Rate		Ending Pay Rate
Skills	City	State	Reason for leaving
Employer (3)	Job Title		Dates Employed
Responsibilities	Starting Pay Rate		Ending Pay Rate
Skills	City	State	Reason for leaving
Employer (4)	Job Title		Dates Employed
Responsibilities	Starting Pay Rate		Ending Pay Rate
Skills	City	State	Reason for leaving

Applicant's Statement

I understand that Great Falls Construction follows an "employment at will" policy, in that I or the Company may terminate my employment at any time and for any reason consistent with applicable state or federal law. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the president of Great Falls Construction. I understand that this application is not a contract of employment. I understand that Federal law prohibits the employment of unauthorized aliens and that all persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

Great Falls Construction may request an employee to undergo a medical evaluation under appropriate circumstances. I understand that Great Falls Construction will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information. I also give Great Falls Construction permission to access my driving records for the purpose of qualifying me to drive company vehicles.

I understand this application will be active for a period of one year. After that time, if I wish to be considered for employment, I must submit a new application. I understand I may be asked to update the information in this application in the event weeks or months elapse between today's date and my hiring.

I certify that all the statements I have made in this application, related papers and oral interviews are true and understand that any falsification or willful omission will be cause for refusal to hire me or for dismissal in the event I am hired.

Name (Please Print)	Signature
Date	