

**Application
For Employment**

Nowak Const. Co., Inc.
PO Box 218, Goddard, KS 67052
316-794-8898 • 316-794-2243 Fax

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap

Answer all Questions - Please Print

Today's Date: _____

Position Applied For: _____ When can you start: _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In ☐ Other _____

Name: _____

Last

First

Middle

Address: _____

Number

Street

City

State

Zip Code

Telephone () _____ Social Security No. _____ --- ---

Do you have the legal right to work in the United States? _____

Are you 18 years or older? _____ Can you provide proof of age? _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, date _____

Are you employed now? ☐ Yes ☐ No May we contact your employer? ☐ Yes ☐ No

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Can you travel if job requires it? ☐ Yes ☐ No

If the job requires, do you have the appropriate valid drivers license? ☐ Yes ☐ No

Driver's License No. _____ Type _____ State _____

Have you been convicted of a crime in the past seven years? If so, please describe below.
(Convictions will not necessarily be a bar to employment. Factors such as age at time of offense, remoteness of offense, time since last conviction, nature of job applied for and rehabilitation effort will be reviewed.)

Incident	City/State	Charge

EMPLOYMENT HISTORY

Please list employers in reverse order starting with the most recent. Add another sheet as necessary

All applicants to drive a commercial motor vehicle (having a GVWR of 26,0001 lbs or more) shall provide 10 years' information on those employers for whom the applicant operated such vehicle.

Employer:	Tel ()	From:	To:
Address:		Position Held:	
City, State, Zip:		Supervisor:	
Reason for Leaving:		Starting Pay:	Final Pay:
Work Performed:			

Employer:	Tel ()	From:	To:
Address:		Position Held:	
City, State, Zip:		Supervisor:	
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Employer:	Tel ()	From:	To:
Address:		Position Held:	
City, State, Zip:		Supervisor:	
Reason for Leaving:		Starting Pay:	Final Pay:
Work Performed:			

Is there any reason you might be unable to perform the functions of the job for which you have applied?

If yes, explain if you wish _____

EDUCATION:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
(Name) (City, State)

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize any special skills and or qualifications, include additional training and experience:

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and other persons from all liability in responding to inquires and releasing information in connection with my application. I understand that if I am hired, that any, false or misleading information listed on this application or given during an interview, can be grounds for discharge. I further agree to abide by all rules and regulations of the Company.

(Applicant's Signature)

(Date)

EMPLOYER PROCESS RECORD

Interview: Superior Good Fair Below Average Poor

Interview Comments: _____

(If rejected, summary of reasons should be noted above.)

Applicant Hired: _____ Rejected: _____

Position Hired For: _____ Start Date: _____

Starting Wage: _____

APPLICANT DATA RECORD

Applicants are considered for positions based on their qualifications without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability to the extent said status is unrelated to the applicant's ability to perform the job being applied for.

To assist us in complying with government record keeping, periodic reporting and other legal requirements, please supply the information requested below. This Data will be kept separate from the Application for Employment.

PLEASE PRINT

Date _____

Position Applying for _____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Other

Name _____ Phone _____

Address _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, disability and veteran status of applicants. The data you provide will be used for analysis and required reporting only. **Submission of this information is voluntary. Disclosure or failure to disclose this information will not in any way adversely affect consideration of your current application and/or subsequent employment opportunities with Nowak Construction Co., Inc.**

Please check ☐ Male ☐ Female

Please check one of the following:

Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

At your option, you may check the following if they are applicable:

☐ Veteran ☐ Vietnam Era Veteran ☐ Disabled Veteran

I certify that the information given in this Applicant Data Record is true and complete to the best of my knowledge.

Signature of Applicant _____ Date _____