

**BRACKEN CONSTRUCTION COMPANY, INC.  
 EQUAL OPPORTUNITY EMPLOYER  
 EMPLOYMENT APPLICATION**

Name

\_\_\_\_\_  
 Last First Middle

Address

\_\_\_\_\_  
 Street City State Zip

Social Sec. # \_\_\_\_\_

Phone \_\_\_\_\_

**PREVIOUS WORK HISTORY:**

1. Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_  
 Title \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ per hour \_\_\_\_\_ annually, if salary  
 Your Duties \_\_\_\_\_  
 \_\_\_\_\_

2. Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_  
 Title \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ per hour \_\_\_\_\_ annually, if salary  
 Your Duties \_\_\_\_\_  
 \_\_\_\_\_

3. Company Name \_\_\_\_\_  
 Dates of Employment \_\_\_\_\_  
 Address \_\_\_\_\_  
 Title \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ per hour \_\_\_\_\_ annually, if salary  
 Your Duties \_\_\_\_\_  
 \_\_\_\_\_

( )  
Date you can start: \_\_\_\_\_

Position you are applying for \_\_\_\_\_

Have you worked for Bracken Const. Co. before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Have you applied for employment with Bracken Const. Co. in the past? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Have you ever been disciplined by a previous employer, discharged or forced to resign? \_\_\_\_\_

Explain the circumstances \_\_\_\_\_

List skills which might be of value to you at Bracken Const. Co. \_\_\_\_\_

( )  
Personal References (other than relatives or former employers)

1. \_\_\_\_\_ Phone No. \_\_\_\_\_
2. \_\_\_\_\_ Phone No. \_\_\_\_\_
3. \_\_\_\_\_ Phone No. \_\_\_\_\_

Are you willing to work weekends and holidays if required? \_\_\_\_\_

Any special skills or certificates you hold: \_\_\_\_\_  
\_\_\_\_\_

Do you have your own transportation? \_\_\_\_\_

Are you willing to travel? \_\_\_\_\_

( )

**MEDICAL HISTORY**

NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_

SS#: \_\_\_\_\_

Do you have any of the following?

Heart Problems

Yes \_\_\_\_\_ No \_\_\_\_\_

Blood Pressure Problems

Yes \_\_\_\_\_ No \_\_\_\_\_

Diabetes

Yes \_\_\_\_\_ No \_\_\_\_\_

Lung Problems

Yes \_\_\_\_\_ No \_\_\_\_\_

Back Problems

Yes \_\_\_\_\_ No \_\_\_\_\_

Arm or Leg Problems

Yes \_\_\_\_\_ No \_\_\_\_\_

Eye Problems

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above, please explain: \_\_\_\_\_

Have you ever been injured on the job? If yes, when?: \_\_\_\_\_

What type of injury? \_\_\_\_\_

Have you ever drawn Workmans Comp? If so, when? \_\_\_\_\_