



# DANIELS

BUILDING & CONSTRUCTION, INC.

P. O. BOX 20878 • BEAUMONT, TEXAS 77720-0878 • PHONE (409) 838-3006 • FAX (409) 838-9006

## EMPLOYMENT APPLICATION

Today's Date: \_\_\_\_\_ Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

NAME: (Print) \_\_\_\_\_ \*Birth Date: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip

What Position Are You Seeking? \_\_\_\_\_

When Will You Be Available: \_\_\_\_\_ Expected Salary/ Wages: \_\_\_\_\_ per hr

[ ] Full Time [ ] Part Time What hours are you available: \_\_\_\_\_

Have you previously been employed by this Company? [ ] Yes [ ] No If yes, when? \_\_\_\_\_

Do You Have Relatives or Friends Working At This Company? [ ] Yes [ ] No

If yes, who? \_\_\_\_\_ How did you learn of this job? \_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Former Employers	Address	Occupation	# of Years	Ph #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Driver's License [ ] Yes [ ] No; US Citizen [ ] Yes [ ] No; Veteran [ ] Yes [ ] No

Married [ ] Single [ ] Registered Sex Offender [ ] Yes [ ] No

Schools	Name & Address	Dates Graduated	Grades	Degree/Specialization
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

References: (Give two names of persons not related to you) \_\_\_\_\_

Physical Record: Do you have any physical defects that preclude you from performing any work

for which you are being considered? [ ] Yes [ ] No;

Any defects in Hearing? \_\_\_ Vision? \_\_\_ Speech? \_\_\_ Other? \_\_\_\_\_

Were you ever injured? [ ] Yes [ ] No; Details: \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time without any previous notice.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ DF3