

Rick Caruthers Construction, Inc.

P. O. Box 268 - 9th & Ohio

Cherokee, OK 73728

405-596-2341

580

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

APPLICATION FOR EMPLOYMENT

rickcaruthersconst@sbcglobal.net

| | | | | | |
|----------|---|--|-------|--------|--|
| PERSONAL | Last Name | | First | Middle | Date |
| | Street Address | | | | Home Phone () - |
| | City, State, Zip | | | | Business Phone () - |
| | Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____ | | | | Social Security No. |
| | Position Desired | | | | Pay Expected |
| | Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____ | | | | Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Are you legally eligible for employment in the United States? | | | | When will you be available to begin work? _____ |
| | Other special training or skills (languages, machine operation, etc.) | | | | |
| | How did you learn of our organization? | | | | |

| EDUCATION | SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|-----------|------------|-----------------------------|-----------------|------------------------|---|-------------------|
| | College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | High | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Elementary | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Other | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| |
|---|
| MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <i>(Exclude those which may disclose your race, color, religion or national origin)</i> |
| |
| |

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

| | | |
|---|--|--|
| 1 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 2 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 3 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 4 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

| | | |
|---|--|--|
| 5 | Company Name | Telephone () - |
| | Address | Employed (State Month and Year) From To |
| | Name of Supervisor | Weekly Pay Start Last |
| | State Job Title and Describe Your Work | Reason for Leaving |

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number (s) _____ Reason _____



ARUTHERS CONSTRUCTION, Inc.

Box 268 - 9th & Ohio
Cherokee, Oklahoma 73728

Office: (405) 598-2341
Fax: (405) 598-2833

PLEASE READ CAREFULLY:

I freely and voluntarily agree to submit to a urine (drug screen) and/or breath alcohol as part of my continuing employment with RICK CARUTHERS CONSTRUCTION, INC. I understand that either refusal to submit to the testing or failure to qualify according to the minimum standards established by RICK CARUTHERS CONSTRUCTION, INC. for this screen may disqualify me from further employment.

I further understand that continuation of employment with RICK CARUTHERS CONSTRUCTION, INC., I will again be required to submit to urine drug screens or the blood/breath alcohol tests according to DOT Regulations. I understand that refusal to take a requested drug or alcohol test or failure to meet the minimum standards set for the tests may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment...

Employee's Signature

Date

Driver's License Information:

State: _____

Driver License #: _____