

If you are interested in employment at Complete General Construction please fill out this application and email it to [jobs@completegeneral.com](mailto:jobs@completegeneral.com).

We are currently seeking an Electric Division Order Clerk. The job is posted on Indeed.com.

# COMPLETE GENERAL CONSTRUCTION

# APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX (INCLUDING SEXUAL HARASSMENT), AND SEXUAL ORIENTATION. GENETIC INFORMATION, NATIONAL ORIGIN (ANCERSTRY), AGE (40 YEARS OR OLDER), MILITARY AND VETERAN STATUS (PAST, PRESENT, AND FUTURE), NATION ORIGIN, DISABILITY OR ANY OTHER CLASS PROTECTED BY LAW OR IN MAKING CERTAIN EMPLOYMENT-RELATED DECSIONS IS PROHIBITED.

PLEASE PRINT

POSITION(S) APPLIED FOR:	DATE OF APPLICATION:				
REFERRAL SOURCE:					
ADVERTISEMENT	FRIEND	RELATIVE	WALKIN	EMPLOYMENT AGENCY	OTHER

NAME	SOCIAL SECURITY NUMBER
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COMPLETE ADDRESS	TELEPHONE
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IF EMPLOYED AND YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT? YES NO	HAVE YOU FILED AN APPLIATION HERE BEFORE? YES NO IF YES, GIVE DATE:	HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? IF YES, GIVE DATE: YES NO
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ARE YOU EMPLOYED NOW? YES NO	MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRY BECAUSE OF VISA OR IMMGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT.) YES NO
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ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?	ARE YOU AVAILABLE TO WORK: FULL TIME PART TIME SHIFT WORK TEMPORARY
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ARE YOU ON LAY-OFF AND SUBJECT TO RECALL? YES NO	CAN YOU TRAVEL IF A JOB REQUIRES IT? YES NO	HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO
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IF YES TO FELONY, PLEASE EXPLAIN:

VETERAN OF THE U.S. MILITARY SERVICE? YES NO	IF YES, BRANCH:
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INDICATE WHAT FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE: SPEAK: FLUENTLY GOOD FAIR

READ: FLUENTLY GOOD FAIR Write: FLUENTLY GOOD FAIR

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN).

LIST ONE (2) REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS:

NAME	ADDRESS	TELEPHONE NUMBER
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1)

2)

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, RECENTLY SEPARATED VETERANS (3 YRS DISCHARGED OR RELEASE FROM ACTIVE DUTY), ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS.

GOVERNMENT CONTRACTORS ARE SUBJECT TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA, RECENTLY SEPARATED VETERANS, AND ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN AND SECTION 503 OF THE REHABILITATION ACT OF 1973, AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS.

IF YOU ARE DISABLED VETERAN, OR HAVE A PHYSICAL OR MENTAL HANDICAP, YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. THE PURPOSE IS TO PROVIDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATION TO ENABLE YOU TO PERFORM THE JOB IN A PROPER AND SAFE MANNER. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

IF YOU WISH TO BE IDENTIFIED AS DISABLE VETERAN, VIETNAM ERA VETERAN, RECENTLY SEPARATED VETERAN, ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN:

PLEASE SIGN BELOW: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

1	EMPLOYER	<u>DATE</u>	<u>EMPLOYED</u>	WORKED PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	<u>HOURLY RATE</u>	<u>SALARY</u>	
	SUPERVISOR	STARING	FINAL	
	REASON FOR LEAVING			
2	EMPLOYER	<u>DATE</u>	<u>EMPLOYED</u>	WORKED PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	<u>HOURLY RATE</u>	<u>SALARY</u>	
	SUPERVISOR	STARTING	FINAL	
	REASON FOR LEAVING			
3	EMPLOYER	<u>DATE</u>	<u>EMPLOYED</u>	WORKED PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	<u>HOURLY RATE</u>	<u>SALARY</u>	
	SUPERVISOR	STARTING	FINAL	
	REASON FOR LEAVING			
4	EMPLOYER	<u>DATE</u>	<u>EMPLOYED</u>	WORKED PERFORMED
	ADDRESS	FROM	TO	
	JOB TITLE	<u>HOURLY RATE</u>	<u>SALARY</u>	
	SUPERVISOR	STARTING	FINAL	
	REASON FOR LEAVING			

**SUMMARIZED SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMNET OR OTHER EXPERIENCE**

SPECIAL SKILLS AND QUALIFICATIONS:

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# EDUCATION

ELEMENTARY

HIGH

COLLEGE/UNIVERSITY

GRADUATE/PROFESSIONAL

SCHOOL NAME

YEARS COMPLETED: (CIRCLE)

4 5 6 7 8 9 10 11 12

1 2 3 4

1 2 3 4

DIPLOMA/DEGREE:

DESCRIBE COURSE OF STUDY:

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA –CURRICULAR ACTIVITIES:

HONORS RECEIVED:

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

**EMPLOYMENT AT WILL:** Either you or the Company may terminate the employment relationship at any time, with or without cause or prior notice.

Note that no manager or other representative of the Company, other than the Chairman of the Board, has the authority to enter into any agreement guaranteeing employment for any specific period. And, no such agreement shall be enforceable unless it is in writing and signed by the Chairman of the Board and the employee.

<b>UNION STATUS:</b> STATE UNION LOCAL YOUR BELONG TO : <b>LOCAL #</b>	STATE CITY OF UNION LOCAL :	CHECK HERE IF YOU BELONG TO NO UNION <input type="checkbox"/>
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**AGREEMENT:**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

FOR PERSONNEL DEPARTMENT USE ONLY				
ARRANGE INTERVIEW : YES NO INTERVIEWER: _____ DATE _____				
REMARKS:				
EMPLOYED  YES NO	DATE OF EMPLOYMENT:	JOB TITLE:	HOURLY RATE/SALARY:	DEPARTMENT:
BY _____ DATE _____ NAME AND TITLE				
ADDITIONAL REMARKS:				

# APPLICATION DATA RECORD

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS AND EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN (ANCERSTRY), MILITARY STATUS (PAST, PRESENT, FUTURE), VETERAN STATUS, DISABILITY, AGE (40 YEARS OR OLDER), SEX (INCLUDING SEXUAL HARASSMENT), SEXUAL ORIENTATION, GENETIC INFORMATION, NATION ORIGIN, DISABILITY OR ANY OTHER CLASS PROTECTED BY LAW OR IN MAKING CERTAIN EMPLOYMENT-RELATED DECISION IS PROHIBITED.

AS EMPLOYERS/GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES.

SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENT; PLEASE FILL OUT THE APPLICANT DATA RECORD. WE APPRECIATE YOUR COOPERATION.

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

Position Applied For

Referral Source

Advertisement  Friend  Relative  Walk-In  Employment Agency  Other

Name (Last) (First) (Middle) Social Security Number

THIS INFORMATION IS VOLUNTARY, IT WILL ONLY BE USED FOR AFFIRMATIVE ACTION ANALYSIS.

## AFFIRMATIVE ACTION SURVEY

GOVERNMENT AGENCIES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, DISABLED AND VETERAN STATUS OF APPLICANTS. THIS DATA IS FOR ANALYSIS AND AFFIRMATIVE ACTION ONLY. SUBMISSION OF INFORMATION ABOUT A DISABILITY IS VOLUNTARY.

Check One:

Check One of the Following

Male  Female      Race/ Ethnic Group  White  Black/ African American  Hispanic/ Latino  Native Hawaiian/ Pacific Islander  American Indian/ Alaskan Native  Asian  Two or More Races

Check if any of the following are applicable:

Recently Separated Vet (1yr from discharge/ release)  Disabled Veteran  Armed Forces Service Medal Veteran  Active Wartime or Campaign Badge Veteran  Disabled Individual

I am a Protective Veteran and choose not to Self- Identify my classification.  I am not a protected Veteran