

# LEWIS CONTRACTORS, INC.

An Equal Opportunity Employer

THIS APPLICATION MUST BE COMPLETED IN FULL OR WILL NOT BE CONSIDERED

**PERSONAL INFORMATION**

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	
ADDRESS:	CITY:	STATE:	ZIP:
SS#:	POSITION APPLIED FOR:		
CONTACT TELEPHONE:	DATE AVAILABLE FOR WORK:		

Have you ever applied for employment or been employed by Lewis Contractors, Inc.?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Referred by: \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 7 years? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain:

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Are you legally eligible for employment in the U.S.? \_\_\_\_\_ YES \_\_\_\_\_ NO

Will you work overtime or shift work: \_\_\_\_\_ YES \_\_\_\_\_ NO

Age if under 18: \_\_\_\_\_ Wage Expected \$ \_\_\_\_\_ per \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DETAILS
HIGH SCHOOL					
COLLEGE					
OTHER					

**EMPLOYMENT HISTORY**

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. You should include military service assignments.

**Most Recent Employer**

Are you currently working for this employer? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, may we contact this employer?  
\_\_\_\_\_ YES \_\_\_\_\_ NO.

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary / Wages \_\_\_\_\_ per \_\_\_\_\_

Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Most Recent Employer**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary / Wages \_\_\_\_\_ per \_\_\_\_\_

Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Third Most Recent Employer**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Salary / Wages \_\_\_\_\_ per \_\_\_\_\_

Duties: \_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

List two persons familiar with your work record and/ or abilities. Do not list relatives.

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN

**JOB RELATED SKILLS AND REQUIREMENTS**

Do you have a valid driver's license \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Type of driver's license \_\_\_\_\_ Restrictions if any \_\_\_\_\_

Are you willing to take a drug test if required as part of your application? YES \_\_\_\_\_ NO \_\_\_\_\_

If a favorable hiring decision is made, will you submit to a medical examination and / or answer a medical questionnaire (after a hiring decision is made)? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been given a job description or had the requirements of the job explained to you? \_\_\_\_\_ YES  
\_\_\_\_\_ NO \_\_\_\_\_

Do you understand the requirements? YES \_\_\_\_\_ NO \_\_\_\_\_

Can you perform the requirements of this job with our without reasonable accommodations?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Have you had safety training and do you understand the importance of a safe work place?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**OTHER QUALIFICATIONS**

Please list any other qualifications which you have and which you believe would be important for consideration by Lewis Contractors, Inc. of this

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**NOTICE TO ALL APPLICANTS**

Lewis Contractors, Inc. does not require a pre-employment medical examination, but does reserve the right to require drug testing and a medical examination after an offer of employment is made to the applicant. All offers of employment are conditioned upon the passing of a drug test for the purpose of detecting the use of illegal drugs. Also, if an employment offer is made, you will be asked to answer certain medical questions. Medical examinations and answers to medical inquiries will be maintained on separate forms and will be treated as confidential medical records. An applicant will not be excluded from employment unless they have medical conditions that prohibit their ability to perform the essential job functions of the position he or she desires with the company. Lewis Contractors, Inc. will make reasonable accommodations to aid handicapped applicants or employees fulfill essential job functions. Written job descriptions are available and will be furnished to applicants upon request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date