APPLICATION FOR EMPLOYMENT

PDK CONSTRUCTION, INC. 34070 CREW ROAD, P.O. BOX 683 POMEROY, OHIO 45769 (740)992-6451 EQUAL OPPORTUNITY EMPLOYER

NOTE: If you require more space than provided, please attach separate sheet (s).

PERSONAL						
NAME					TOD	OAY'S DATE
STREET		CITY			REF	ERRED BY:
STATE	ZIP	SOCIAL SECURITY NUMBER			APPLYING F FULL TI TEMPOR	IMEPART TIME
HOME PHONE	HOME PHONE BEST TIME TO C		ALL BUSINESS PHONE		BEST TIME TO CALL	
EDUCATION						
NAME AND LOCATION			CURRICULUM		YEARS COMPLETED	
HIGH SCHOOL						
COLLEGE	SOURCE CONTRACTOR OF THE PROPERTY OF THE PROPE		MAJOR I	DEGREE		
OTHER						
POSITION(S) DE	SIRED					
						-
HOURS/DAYS AV	AILABLE					
EMPLOYMENT (Start With Mos	t Recent)		;		
FROM	то	EMPLOYER		PHONE ()		CITY, STATE
JOB TITLE			DUTIES			
SUPERVISORS NAME						
STARTING SALARY/WAGES						
FINAL SALARY/WAGES			REASON FOR LEAVING			
FROM	то	EMPLOYER		PHONE()		CITY, STATE
JOB TITLE			DUTIES			
SUPERVISORS NAME	SUPERVISORS NAME					
STARTING SALARY/WAGES						
FINAL SALARY/WAGES			REASON FOR LEAVING			
FROM	то	EMPLOYER		PHONE ()		CITY, STATE
JOB TITLE			DUTIES			
SUPERVISOR'S NAME						
STARTING SALARY/WAGES						
FINAL SALARY/WAGES			REASON FOR LEAVING			

SPECIAL SKILLS OR TRAIN	ING (That May Qualify Y	ou For Work With Our Con	npany)
	AND AND ADDRESS OF THE PARTY OF		
			,
	·		
REFERENCES			
NAME	ADDRESS		YEARS KNOWN
APPLICANT'S STATEMENT			
false statement on this applicat statements contained in this ap decision.	ion can be considered cau	true and correct. I understa se for dismissal. I authorize i as may be necessary in arrivi	investigation of all
Signature		Da	te
	DO NO	T WRITE BELOW THIS LI	INE
ERSONNEL ACTION			
REMARKS:			
and the second of the second o			

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color. religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply. Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you 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. YOUR COOPERATION IS VOLUNTARY. (PLEASE PRINT) Position(s) Applied For _ Friend Referral Source: ☐ Advertisement Relative ☐ Walk-In ☐ Employment Agency Other ___ Name_ MIDDLE Address NUMBER STREET CITY ZIP CODE Driver's License # State Date of Birth Government agencies at times require periodic reports on the sex, ethnicity, disabled, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY. ☐ Male ☐ Female Check one: Check one of the following: ☐ Black Race/Ethnic Group: ☐ White Hispanic ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander Check if any of the following are applicable: ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual ☐ Disability _

AN EQUAL OPPORTUNITY EMPLOYER

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Disabilities.
Government contractors are subject to 38 USC2012 of the Viet Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, 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 a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information which will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.
If you wish to be identified, please sign below.
☐ Disabled Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran ☐ Disability
Signed

NOTES