

# CONSTRUX, INC.

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**VALID FOR 21 DAYS FROM THE DATE OF THIS APPLICATION.**

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FOR WHAT POSITION ARE YOU APPLYING FOR? \_\_\_\_\_

WHAT DATE CAN YOU START? \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME? \_\_\_\_\_

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DO YOU HAVE A DRIVERS LICENSE? \_\_\_\_\_ IF YES, HAVE YOU HAD ANY MOVING VIOLATIONS? \_\_\_\_\_ PLEASE DESCRIBE. \_\_\_\_\_

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HAVE YOU HAD ANY INJURY OR INJURIES ON THE JOB? \_\_\_\_\_ IF YES, PLEASE DESCRIBE BELOW:

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IN CASE OF AN EMERGENCY WHO SHOULD WE CONTACT:

NAME AND ADDRESS

PHONE NUMBER

RELATIONSHIP

ARE THERE ANY OTHER EMERGENCY INSTRUCTIONS, CIRCUMSTANCES, MEDICAL NEEDS, ALLERGIC RESPONSES OR PROCEDURES THE COMPANY SHOULD KNOW?

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PLEASE LIST ANY OTHER SKILLS, LICENSES OR CERTIFICATES THAT MAY BE JOB RELATED OR THAT YOU FEEL WOULD BE OF VALUE TO THIS JOB OR COMPANY.

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**PREVIOUS EMPLOYERS: MUST HAVE PHONE NUMBERS**

COMPANY NAME AND ADDRESS

DATES EMPLOYED

JOB TITLE

SUPERVISORS NAME

WORK DESCRIPTION

WAGES PER HOUR

REASON FOR LEAVING

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COMPANY NAME AND ADDRESS

DATES EMPLOYED

JOB TITLE

SUPERVISORS NAME

WORK DESCRIPTION

WAGES PER HOUR

REASON FOR LEAVING

---

---

COMPANY NAME AND ADDRESS

---

DATES EMPLOYED

JOB TITLE

SUPERVISORS NAME

---

WORK DESCRIPTION

---

WAGES PER HOUR

REASON FOR LEAVING

---

---

**REFERENCES:**

---

NAME AND ADDRESS

---

PHONE NUMBER

YEARS KNOWN / RELATIONSHIP

---

---

NAME AND ADDRESS

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PHONE NUMBER

YEARS KNOWN / RELATIONSHIP

---

---

NAME AND ADDRESS

---

PHONE NUMBER

YEARS KNOWN / RELATIONSHIP

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**EDUCATION:**

DID YOU COMPLETE HIGH SCHOOL? \_\_\_\_\_ IF YES, NAME AND ADDRESS OF SCHOOL.

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ANY OTHER EDUCATION? \_\_\_\_\_ IF YES, PLEASE LIST BELOW.

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**COMMENTS:**

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I HEREBY AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT, AND THAT THERE ARE NO OMISSIONS. I AUTHORIZE ANY PHYSICIAN, MEDICAL FACILITY, LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, INSURANCE COMPANY OR EMPLOYER CONTACTED BY THIS COMPANY OR AN AGENT OF THIS COMPANY TO FURNISH OR VERIFY WORKERS COMPENSATION INFORMATION, MEDICAL RECORDS, OR INFORMATION IN GENERAL.

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TODAY'S DATE

SIGNATURE