

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PLEASE PRINT AND COMPLETE ALL SECTIONS (USE BALLPOINT PEN)							
PERSONAL INFORMATION							
LAST NAME (PLEASE PRINT)	FIRST NA	ME	MIDDLE NAME		TODA	TODAY'S DATE	
PRESENT ADDRESS – NUMBER & STREET		CITY		STAT	<u> </u>	ZIP CODE	
TRESERVE ADDRESS - NOWBER & STREET		0111		l Olyl	_	211 0002	
PREVIOUS ADDRESS – (IF LESS THAN 5 YEARS	AT CURRENT	CITY		STAT	E	ZIP CODE	
ADDRESS)							
E-MAIL ADDRESS		PRIMARY I	PHONE NUMBER		ALTERNA	TE PHONE NUMBER	
LIST PREVIOUS NAMES USED IN ORDER TO VE	RIFY EMPLOYME	:NT:					
		DNAL INFO	RMATION				
ARE YOU LEGALLY AUTHORIZED TO WORK IN T	THE U.S.?						
ARE YOU AT LEAST 16 YEARS OF AGE?	ARE YOU	18 YEARS O	F AGE OR OLDER?				
(YOUR RESPONSES ARE VOLUNTARY; HOWEVER, THE COMPA				QUALIFYING	FACTOR FOR	EMPLOYMENT OTHER THAN	
WHERE THOSE LAWS APPLY). HAVE YOU EVER PLED GUILTY OR "NO CONTES	ST" TO OR BEEN	CONVICTED	OF A MISDEMEANO	R OR FE	I ONY?		
IF YES, PLEASE GIVE DATE AND DETAILS	or ro, on been	CONTIONED	OI, / TIMODE ME/ II TO		LOIVI .		
,							
(ANSWERING YES TO THIS QUESTION DOES NOT CONSTITUTE AN AUT	OMATIC BAR TO EMPLO	YMENT. FACTORS	SUCH AS AGE AND TIME OF	THE OFFENS	E, SERIOUSNESS	S AND NATURE OF THE VIOLATION, AND	
REHABILITATION WILL BE TAKEN INTO ACCOUNT. DO NOT INCLUDE MINO DO YOU HAVE A VALID DRIVER'S LICENSE?	R TRAFFIC CITATIONS AN LICENSE NUME		IVICTIONS WHICH HAVE BEEN S	EALED OR EX	PUNGED IN ANSV	VERING THIS QUESTION.)	
DO TOO HAVE A VALID DRIVER'S LICENSE!	LICENSE NOME	DEK			STATE		
	EMDI	OYMENT D	ESIDED				
POSITION DESIRED (PLEASE BE SPECIFIC)	CIVIFL	OTWIENT	DATE AVAILABLE			DESIRED WAGE	
T CONTON BESINES (I LEAGE BE CI ESI IO)			DATE AVAILABLE			DEGINED WAGE	
TYPE OF WORK DESIRED			PREFERRED SHIF	T (HOUR	S AND DAY	'S AVAILABLE FOR WORK)	
FULL-TIME PART-TIME TEMPORARY	SEASONAL						
TOLE TIME TAKE TIME TERM STORY	02/10011/12						
ARE YOU OPEN TO RELOCATION?							
HAVE YOU EVER WORKED FOR EXCEL CONSTR	RUCTORS BEFOR	RE2 IF VES	IF YES, WHAT POS	SITION2			
PLEASE GIVE DATES	(OOTONO DEI OI	KE: II TEO,	ii 120, What i o	or riory:			
HOW BIR YOU FARM AROUT THE POSITIONS			DEEEDDED DVO				
HOW DID YOU LEARN ABOUT THIS POSITION?			REFERRED BY?				
DO YOU HAVE ANY FRIENDS OR RELATIVES WO	ORKING AT EXCE	EL?	IF YES, NAME AND	RELATI	ONSHIP		
	SENERAL EM	PLOYMEN	T INFORMATION				
ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL JOB DUTIES REQUIRED OF THIS POSITION FOR WHICH YOU ARE							
APPLYING?							
HAVE YOU EVED DEEN TERMINATED OR ASSESS	TO DECION ES	014 4 1000	IE VEO. 5	N E A O E :	-VDI AIN T:	IE OLDOUMOTANIOSO	
HAVE YOU EVER BEEN TERMINATED OR ASKED	TO RESIGN FRO	OM A JOB? _	IF YES, F	LEASE E	XPLAIN TH	IE CIRCUMSTANCES.	
ARE THERE ANY GAPS IN YOUR EMPLOYMENT	HISTORY?	IF YE	S, PLEASE EXPLAIN	THE CIR	CUMSTAN	CES.	

EDUCATION								
SCHOOL	NAME & LOCATION	OF SCHOOL		R FIELD OF ST	UDY	DATES ATTEND	ED	YEARS COMPLETED?
LEVEL HIGH								DID YOU GRADUATE?
SCHOOL								
0011505								
COLLEGE TRADE, BUSINESS								
CORRESPONDENCE SCHOOL								
GRADUATE OR OTHER								
EDUCATION								
SUBJECTS OF S	PECIAL STUDY OR RESEA	RCH WORK:						
SPECIAL SKILLS	OR TRAINING:							
SCHOLASTIC HO	DNORS/LICENSES/CERTIFIC	CATIONS:						
ARE YOU FLUEN IF SO, WHAT LAN	IT IN ANY LANGUAGES OT NGUAGE(S)?	HER THAN ENGLISI	1 ?					
	THIS SECTION MUST	BE COMPLETE	D IN I	TS ENTIRET	Y, EVE	EN IF ATTACHI	NG A	RESUME
		FAF		AENT LUCTO	DV			
NAME & ADDRES	SS OF PRESENT OR MOST			IENT HISTO	KY			
TWINE CARBONE	SO OF TRESERVE OR MOOT	KEOLIVI LIVII LOTI	-11					
STARTING DATE		SEPARATION DA	ΓΕ		STARTI	ING WAGE	FI	NAL WAGE
JOB TITLE				DESCRIPTION	N OF W	ORK		
MAY WE CONTA CURRENT EMPL		NAME & TITLE OF SUPERVISOR SUPERVISOR'S PHONE NUMBER			RVISOR'S PHONE NUMBER			
REASON FOR LE	EAVING							
NAME & ADDRES	SS OF FORMER EMPLOYER	₹						
STARTING DATE		SEPARATION DA	ΓE		STARTI	ING WAGE	FI	NAL WAGE
JOB TITLE				DESCRIPTION	N OF W	ORK		
NAME & TITLE OF SUPERVISOR				<u> </u>		SUPERVISOR'S	PHONE	NUMBER
REASON FOR LEAVING								
REAGONT ON LEAVING								
NAME & ADDRESS OF FORMER EMPLOYER								
NAINIL & ADDITEGG OF FORMER EMPLOTER								
STARTING DATE	:	SEPARATION DATE START		STARTI	TING WAGE FINAL WAGE			
JOB TITLE				DESCRIPTION	N OF W	ORK		
NAME & TITLE OF SUPERVISOR					SUPERVISOR'S	PHONE	NUMBER	
REASON FOR LEAVING								

ACTIVITIES

IT IS VOLUNTARY TO INCLUDE ACTIVITIES AND ORGANIZATIONS WHERE THE NAME INDICATES RACE, RELIGION, SEX, NATIONAL ORIGIN OF MEMBERS OR EXISTENCE OF DISABILITY. PARTICIPATION IN THESE ACTIVITIES WON'T BE USED IN MAKING THE EMPLOYMENT DECISION.

	MU ITADY OFDY		
PERIOD OF ACTIVE DUTY	MILITARY SERVICE BRANCH OF SERVICE	HIGHEST RANK	DISCHARGE STATUS
PERIOD OF ACTIVE DOTT	BRANCH OF SERVICE	HIGHEST KANK	DISCHARGE STATUS
DESCRIPTION OF DUITES PERFORMED			
	PROFESSIONAL REFERE		T ====================================
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
	PERSONAL REFEREN		1
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER
	APPLICANT'S STATEMENT & A	ACDEEMENT	
In the event of my employment with Excel Construtor require me to submit to a test for the presence of that I may be required to take other tests such as decline to sign this consent or decline to take any	uctors, Inc., I will comply with all rules ar of drugs in my system at any time during personality and honesty tests, prior to en	nd regulations of Excel. I und my employment, to the extent apployment and during my emp	permitted by law. I also understand ployment. I understand that should
I understand that Excel Constructors may investig obtained through personal interviews with my n information as to my character, general reputation within a reasonable period of time to receive addition may contact my previous employers and I authoris. In addition to authorizing the release of any information employers, their agents, employees, and and all liability, claims, or damages that may direct whether such information is favorable or unfavoral information that they may have regarding me.	eighbors, friends, personal references, a, personal characteristics, and mode of tional detailed information about the natu ze those employers to disclose to Excel a nation regarding my employment, I herel representatives, as well as other individu ctly or indirectly result from the use, discl	and others with whom I am living. I understand that I have and scope of this investigated all records and information per per fully waive any rights or claims who release information to osure, or release of any such	acquainted. This inquiry includes the right to make a written inquiry tion. I further understand that Exceptinent to my employment with them along it have or may have against myo Excel, and release them from any information by any person or party
I hereby state that all the information that I provi interview is true and correct. I have withheld noth information is later found to be false or incomplete	ing that would, if disclosed, affect this app	olication unfavorably. I unders	
If hired, I agree as follows: My employment and conterminated by Excel Constructors (employer) at an implied, oral, or written agreements contrary to the Excel Constructors. No supervisor or representation stated above. This agreement is the entire agreer employment with or without good cause, and this are of the employee and Excel Constructors.	by time, for any reason whatsoever, with one express language of this agreement are we of Excel, other than the President of E went between Excel Constructors and the	or without good cause at the op valid unless they are in writing xcel, has any authority to mak employee regarding the right	otion of either Excel or myself. No g and signed by the President of the agreements contrary to the terms s of Excel or employee to terminate
If you have any questions regarding this statement, please ask the Human Resources Director before signing. I hereby acknowledge that I have read the above statements and understand the same.			
	L YOU HAVE READ THE ABOV	'E STATEMENT & AGR	
SIGNATURE OF APPLICANT			DATE

TO BE COMPLETED BY EMPLOYEE AFTER HIRE				
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER		
EMERGENCY CONTACT #1	RELATIONSHIP	PHONE NUMBER		
EMERGENCY CONTACT #2	RELATIONSHIP	PHONE NUMBER		

TO DE COMPLETED DV	OUDED\UOOD AFTED LUDE			
TO BE COMPLETED BY SUPERVISOR AFTER HIRE				
POSITION TITLE	HIRE DATE	BASE RATE OF PAY		
		\$ PER		
		\$PER		
ADDITIONAL INFORMATION				

TO BE COMPLETED BY HUMAN RESOURCES AFTER HIRE					
EMPLOYEE NUMBER	PAY METHOD	EXEMPT STATUS			
	H S	E N			
WORK COMP CODE	PTO RATE (SALARY)	PTO RATE (HOURLY)			
	, ,	` ,			
5403 5606 8810	801 802 803	804 805 806			
	FOR OFFICE EMPLOYEES ONLY				
CELL PHONE	DESKTOP/LAPTOP/TABLET	AIRCARD			
BUSINESS CARDS	EXCEL APPAREL				
	FOR FIELD SUPERVISORS ONLY				
CELL PHONE	DESKTOP/LAPTOP/TABLET	AIRCARD			
AUTO ALLOWANCE	HOME DEPOT CARD	LOWES CARD			
BUSINESS CARDS	EXCEL APPAREL	QUIKTRIP CARD			