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Employment Application

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.

PERSONAL DATA

Name _____
 Present Address _____ City _____ State _____ Zip _____
 Phone _____ Message Phone _____ E-Mail Address _____
 Driver's License: Operator CDL CDL Type _____ Endorsements _____
 Are you a Veteran of Military Service Yes No

EDUCATION

High School Diploma/GED/HiSET? Yes No
 Name of school beyond High School _____
 Training Length _____ Date Completed _____

WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____
 Complete Address _____
Street / P.O. Box City State Zip Code
 Job Title _____ Phone _____
 Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) - To (mm/yy) _____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____
 Complete Address _____
Street / P.O. Box City State Zip Code
 Job Title _____ Phone _____
 Job Description (duties, skills, equipment used) _____

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WORK EXPERIENCE

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Street / P.O. Box *City* *State* *Zip Code*
Job Title _____ Phone _____
Job Description (duties, skills, equipment used)

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WORK EXPERIENCE

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Complete Address _____
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Job Title _____ Phone _____
Job Description (duties, skills, equipment used)

Dates: From (mm/yy) - To (mm/yy) _____ Reason for leaving _____

ADDITIONAL INFORMATION

Volunteer Work _____
Licenses, Certificates, special skills, etc.

LIST REFERENCES (preferably persons who know about your work/training)

| Name | Address | Phone Number |
|-------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ **Date:** _____