

APPLICATION FOR EMPLOYMENT

Position for which you are applying					
Last Name		First Name		M.I.	
Address		City	State	ZIP	
Home Phone		Message Phone			
GENERAL INFORMATION					
	Check One			Check One	
	Yes	No		Yes	No
1. Do you have any relatives who work for FCI Constructors, Inc (FCI)? If so, identify.			8. If required, are you willing to submit to a physical examination by an FCI-appointed physician, after receiving a conditional offer, and for job-related reasons consistent with business necessity thereafter?		
2. If hired, can you furnish proof you are eligible to work in the United States?			9. Were you previously employed by FCI? If so, when?		
3. Are you at least 18 years of age?			10. Can you perform the essential job functions of the position applied for with or without reasonable accommodation?		
4. Have you ever been convicted or entered a pleas of guilty or no contest (including deferred sentencing or prosecution of an offense) to any non-traffic misdemeanor or felony? List dates and states in which convictions or pleas occurred. NOTE: A conviction, guilty plea or no contest plea does not automatically mean that you cannot be employed. The nature of the crime and the date are important factors. Give all the facts concerning the conviction or plea.			11. For positions requiring driving: Do you have a valid driver's license? Driver's License Number: _____ Class of License: _____ Have you had your driver's license suspended or revoked in the last six (6) years? If yes, give details.		
5. May we contact your present employer regarding work performance, qualifications, etc.?			12. When are you available for employment?	Date	
6. What schedule are you available to work?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends				
7. Are you on lay-off status and subject to recall?			13. Can you travel with or without reasonable accommodation, if a job requires it?		

EDUCATION				
Did you receive a high school diploma or GED?		Yes	No	
Name of High School		City, State		
Names of colleges/vocational/trade/technical schools attended	Location	Years Completed	Degrees/Years	
List licenses, certifications, trade or professional registrations				
TECHNICAL SKILLS				
Can you perform the tasks and use the equipment listed below with or without reasonable accommodation?				
Equipment	Concrete	Carpentry	Metal Studs/Drywall	Finishes
WP/Typing WPM	PC Spreadsheets	PC Databases	Dictaphone	10-key
Other applicable qualifications (special training, skills, other machinery or equipment)				

EMPLOYMENT HISTORY				
1. Present/Most Recent Employer			Address/City	
Dates Employed: From:	To:	Ending Salary:	Supervisor:	Type of Business:
Job Title:				
Duties:				
Reason for Leaving:				
2. Employer			Address/City	
Dates Employed: From:	To:	Ending Salary:	Supervisor:	Type of Business:
Job Title:				
Duties:				
Reason for Leaving:				
3. Employer			Address/City	
Dates Employed: From:	To:	Ending Salary:	Supervisor:	Type of Business:
Job Title:				
Duties:				
Reason for Leaving:				

REFERENCES – List name, address and telephone number of three references that are not related to you.
1.
2.
3.

FCI CONSTRUCTORS, INC. (FCI) IS CUSTOMER SERVICE ORIENTED AND IS COMMITTED TO HIRING INDIVIDUALS WHO RESPOND EFFECTIVELY AND EFFICIENTLY TO CUSTOMER NEEDS AND CONCERNS.

FCI Constructors, Inc. (FCI) is an Equal Opportunity Employer. Applicants are considered regardless of race, color, religion, sex, age, national origin, ancestry, or disability. Reasonable accommodations for testing and/or hiring of qualified disabled applicants will be made by FCI upon request.

I hereby authorize each and every school I attended or listed herein, each and every one of my former employers, their employees and agents, and each and every reference I listed herein to answer all questions and to release all records requested by FCI in connection with my application for employment with FCI. Furthermore, I hereby release each such individual, institution, or employer from any and all liability of any type for providing this information.

I understand that, if I am hired by FCI, and unless otherwise defined by applicable law, my employment relationship with FCI will be “at-will”, which means that I may resign at any time and FCI may terminate me without prior notice at any time with or without cause. It is further understood that this “at-will” employment relationship may not be altered by any written document or by any behavior, unless such a change is specifically acknowledged in writing by the President of FCI.

I understand that I am required to abide by all company rules, regulations and safety policies and failure to do so can result in disciplinary action or termination.

I hereby certify that all statements and questions in this application have been answered truthfully to the best of my knowledge, and I understand that any intentional or inadvertent falsification of fact can result in rejection of this application, or can result in cause for dismissal of already employed, regardless of length of employment.

Date: _____ Signed: _____

Proof of citizenship or legal alien status is required of all new hires prior to the first actual day of employment.

**FCI CONSTRUCTORS INC.
EQUAL EMPLOYMENT INFORMATION**

Dear Applicant:

APPLICANTS AND EMPLOYEES WHO WISH TO BENEFIT UNDER THE AFFIRMATIVE ACTION PROGRAM OF FCI CONSTRUCTORS INC. ARE INVITED TO IDENTIFY THEMSELVES. THIS INFORMATION IS VOLUNTARILY PROVIDED. IT WILL BE KEPT CONFIDENTIAL AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT AN APPLICANT OR EMPLOYEE TO ANY ADVERSE TREATMENT. NOTHING SHALL PRECLUDE EMPLOYEES FROM INFORMING THE COMPANY, AT A FUTURE TIME, OF A DESIRE TO BENEFIT UNDER THIS PROGRAM. THE INFORMATION WILL BE USED ONLY IN ACCORDANCE WITH 38 USC 4212, AS AMENDED, SECTION 503 OF THE REHABILITATION ACT, AS AMENDED AND THE REGULATIONS IN 41 CFR 60-250 AND 60-741.
I IDENTIFY MYSELF AS:

1. AGE (Check One) Under 18 40 to 64
 18 to 39 65 or Over
2. SEX (Check One) Male Female

3. ETHNIC GROUP (Check Only One)

- White – Persons having origins in any of the original peoples of Europe, North America or the Middle East.
 Black – Persons having origins in any of the Black racial groups of Africa.
 Hispanic – Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins regardless of race.
 Asian or Pacific Islander – Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
 American Indian or Alaskan Native – Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

4.

SPECIAL DISABLED VETERAN

YES NO

(1) A veteran who is entitled to compensation (or who for the receipt of military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability: rated at 30% or more, or (B) rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 of Title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

VETERAN OF THE VIETNAM ERA

YES NO

A person who: (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1995 and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

OTHER VETERANS

YES NO

Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

5. Indicate how you became aware of job opening: (Check Only One)
- | | |
|-----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> FCI Employee | <input type="checkbox"/> Friend/Relative |
| <input type="checkbox"/> Newspaper Advertisement | <input type="checkbox"/> Referral Agency |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> (Name of Agency) |
| <input type="checkbox"/> Other (Please State _____) | |

Signature _____

Date _____

Position for which you are applying _____