## OAK MOUNTAIN CONSTRUCTION CO., INC. 5140 HIGHWAY 17 HELENA, AL 35080 (205) 664-1000

LAST NAME:	FIRST NAME:	MIDDLE NAME:	DATE:
STREET ADDRESS:			HOME TELEPHONE:
CITY, STATE ZIP:			WORK TELEPHONE:
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?			SOCIAL SECURITY NUMBER:
( ) YES ( ) NO IF Y	ES: MONTH AND Y	'EAR:	
POSITION APPLIED	FOR:		DATE OF BIRTH:
DRIVERS LICENSE #	•		DRIVERS LICENSE EXPIRATION
E-MAIL ADDRESS:			

## Please read the following carefully:

I understand that if I am employed, any representation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend on the successful performance of work assigned to me during a new hire period of up to 90 days and upon the continued successful performance and the further need of my continued employment by the company. The company in considering my application for employment may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and doctors to supply any information concerning my background. Provided state law permits, I further agree to submit to alcohol and/or drug screening tests if requested of me at any time prior to or during my employment.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Type of employment you are seeking (	) Full Time	() Part Time
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Have you been convicted of a felony within the last 5 years? () Yes () No If yes, explain. (This will not necessarily exclude you from consideration.)

Are you legally eligible for employment within the USA? Are you 18 years of age or older?	() Yes () No () Yes () No
If currently employed, may we contact your employer for a reference at this time?	()Yes ()No
Are you willing to submit to a physical examination if required?	()Yes ()No

## **EDUCATION**

NAMES AND LOCATIONS OF SCHOOLS ATTENDED	GRADUATE (YES OR NO)	BACKGROUND EXPERIENCE OR OTHER TRAINING APPLICABLE TO POSITION		
HIGH SCHOOL				
COLLEGE				
OTHER				

## **EMPLOYMENT HISTORY**

GIVE EMPLOYMENT AS COMLPETE AS POSSIBLE STARTING WITH YOUR MOST CURRENT EMPLOYER.

COMPANY NAME AND ADDRESS	TELEPHONE	EMPLOYED FROM	EMPLOYED TO	PAY RATE	JOB TITLE	SUPERVISOR	REASON FOR LEAVING