



**APPLICATION FOR EMPLOYMENT**  
(An Equal Opportunity Employer)

**PLEASE PRINT AND COMPLETE ALL SECTIONS (USE BALLPOINT PEN)**

PERSONAL INFORMATION			
LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE NAME	TODAY'S DATE
PRESENT ADDRESS – NUMBER & STREET	CITY	STATE	ZIP CODE
PREVIOUS ADDRESS – (IF LESS THAN 5 YEARS AT CURRENT ADDRESS)	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	
LIST PREVIOUS NAMES USED IN ORDER TO VERIFY EMPLOYMENT:			

ADDITIONAL INFORMATION		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?		
ARE YOU AT LEAST 16 YEARS OF AGE? _____ ARE YOU 18 YEARS OF AGE OR OLDER? _____ (YOUR RESPONSES ARE VOLUNTARY; HOWEVER, THE COMPANY ADHERES TO MINIMUM AGE LAWS. AGE IS NOT USED AS A QUALIFYING FACTOR FOR EMPLOYMENT OTHER THAN WHERE THOSE LAWS APPLY).		
HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO, OR BEEN CONVICTED OF, A MISDEMEANOR OR FELONY? IF YES, PLEASE GIVE DATE AND DETAILS		
<small>(ANSWERING YES TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT. DO NOT INCLUDE MINOR TRAFFIC CITATIONS AND ARRESTS OR CONVICTIONS WHICH HAVE BEEN SEALED OR EXPUNGED IN ANSWERING THIS QUESTION.)</small>		
DO YOU HAVE A VALID DRIVER'S LICENSE?	LICENSE NUMBER	STATE

EMPLOYMENT DESIRED		
POSITION DESIRED (PLEASE BE SPECIFIC)	DATE AVAILABLE	DESIRED WAGE
TYPE OF WORK DESIRED FULL-TIME    PART-TIME    TEMPORARY    SEASONAL	PREFERRED SHIFT (HOURS AND DAYS AVAILABLE FOR WORK)	
ARE YOU OPEN TO RELOCATION?		
HAVE YOU EVER WORKED FOR EXCEL CONSTRUCTORS BEFORE? IF YES, PLEASE GIVE DATES	IF YES, WHAT POSITION?	
HOW DID YOU LEARN ABOUT THIS POSITION?	REFERRED BY?	
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT EXCEL?	IF YES, NAME AND RELATIONSHIP	

GENERAL EMPLOYMENT INFORMATION
ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL JOB DUTIES REQUIRED OF THIS POSITION FOR WHICH YOU ARE APPLYING?
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM A JOB? _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.
ARE THERE ANY GAPS IN YOUR EMPLOYMENT HISTORY? _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES.

EDUCATION				
SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	MAJOR FIELD OF STUDY	DATES ATTENDED	YEARS COMPLETED? DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE TRADE, BUSINESS CORRESPONDENCE SCHOOL				
GRADUATE OR OTHER EDUCATION				
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:				
SPECIAL SKILLS OR TRAINING:				
SCHOLASTIC HONORS/LICENSES/CERTIFICATIONS:				
ARE YOU FLUENT IN ANY LANGUAGES OTHER THAN ENGLISH? IF SO, WHAT LANGUAGE(S)?				

**THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY, EVEN IF ATTACHING A RESUME**

EMPLOYMENT HISTORY			
NAME & ADDRESS OF PRESENT OR MOST RECENT EMPLOYER			
STARTING DATE	SEPARATION DATE	STARTING WAGE	FINAL WAGE
JOB TITLE		DESCRIPTION OF WORK	
MAY WE CONTACT YOUR CURRENT EMPLOYER?	NAME & TITLE OF SUPERVISOR		SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING			

NAME & ADDRESS OF FORMER EMPLOYER			
STARTING DATE	SEPARATION DATE	STARTING WAGE	FINAL WAGE
JOB TITLE		DESCRIPTION OF WORK	
NAME & TITLE OF SUPERVISOR			SUPERVISOR'S PHONE NUMBER
REASON FOR LEAVING			

NAME & ADDRESS OF FORMER EMPLOYER			
STARTING DATE	SEPARATION DATE	STARTING WAGE	FINAL WAGE
JOB TITLE		DESCRIPTION OF WORK	
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.

**MILITARY SERVICE**

PERIOD OF ACTIVE DUTY	BRANCH OF SERVICE	HIGHEST RANK	DISCHARGE STATUS
DESCRIPTION OF DUTIES PERFORMED			

**PROFESSIONAL REFERENCES**

NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER

**PERSONAL REFERENCES**

NAME	RELATIONSHIP	YEARS KNOWN	TELEPHONE NUMBER

**APPLICANT'S STATEMENT & AGREEMENT**

In the event of my employment with Excel Constructors, Inc., I will comply with all rules and regulations of Excel. I understand that Excel reserves the right to require me to submit to a test for the presence of drugs in my system at any time during my employment, to the extent permitted by law. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that Excel Constructors may investigate my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that Excel may contact my previous employers and I authorize those employers to disclose to Excel all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Excel, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Excel with any pertinent information that they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and such information is later found to be false or incomplete in any respect, my employment may be terminated.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by Excel Constructors (employer) at any time, for any reason whatsoever, with or without good cause at the option of either Excel or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of Excel Constructors. No supervisor or representative of Excel, other than the President of Excel, has any authority to make agreements contrary to the terms stated above. This agreement is the entire agreement between Excel Constructors and the employee regarding the rights of Excel or employee to terminate employment with or without good cause, and this agreement takes the place of all prior contemporaneous agreements, representatives, and understandings of the employee and Excel Constructors.

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.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

SIGNATURE OF APPLICANT	DATE
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**TO BE COMPLETED BY EMPLOYEE AFTER HIRE**

<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>	<b>GENDER</b>
<b>EMERGENCY CONTACT #1</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>
<b>EMERGENCY CONTACT #2</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>

**TO BE COMPLETED BY SUPERVISOR AFTER HIRE**

<b>POSITION TITLE</b>	<b>HIRE DATE</b>	<b>BASE RATE OF PAY</b> \$ _____ PER _____
<b>ADDITIONAL INFORMATION</b>		

**TO BE COMPLETED BY HUMAN RESOURCES AFTER HIRE**

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