

Please complete the entire application

1. Employer Information

Employer: **FAITH CONTRACTING CORPORATION**
Address: **P. O. BOX 35100**
City/State/ZIP: **NORTH CHESTERFIELD, VA 23235**
Telephone: **(804) 882.2812**

It is the policy of FAITH CONTRACTING CORPORATION to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Information - E-MAIL: _____

Applicant Full Name: _____
Home Address: _____
City/State/ZIP: _____
Number of years at this address: _____
Daytime Phone: _____ Evening Phone: _____
Social Security Number: _____
Driver's License (state/Number): _____

3. Emergency Contact

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/ZIP: _____
Daytime Phone: _____ Evening Phone: _____

4. Job Position Applied For: _____

Full or Part Time? _____

5. Salary Desired: _____ \$ _____ per _____

6. Who referred you to our company? _____

Do you have any friends or relatives who work here? If yes, please list here:

7. Are you willing to work with any shift, including nights and weekends? ___ Yes ___ No

If no, please state any limitations:

8. If applicable, are you available to work overtime? ____ Yes ____ No

9. If you are offered employment, when would you be available to begin work?

10. Applicant's Skills

List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (one represents poor ability, while five represents exceptional ability).

Skill	Years of Experience	Ability Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

11. Applicant's Employment History

List your current or most recent employment first. Please list all jobs (including self employment and military service) which you have held, beginning with the most recent, list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employers Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employers Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

Employers Name: _____
Supervisor Name: _____
Address: _____
City/State/ZIP: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment (Month/Year): _____

12. Applicant's Education and Training

College/University Name and Address:

Did you receive a degree? Yes No If yes, degree(s) received: _____

High School/GED Name and Address:

Did you receive a degree? Yes No

Other Training (graduate, technical, vocational):

Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:

13. References

List any two non-relatives who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship to you: _____

Name: _____
Address: _____
City/State/ZIP: _____
Telephone: _____
Relationship to you: _____

14. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with current employer:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information be the basis for rejection of my application, or if employments commences, immediate termination.

I authorize **FAITH CONTRACTING CORPORATION** to contact former employers and educational organizations regarding my employments and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will". In other words, the relationship will be entirely voluntary in nature and either I or my employer will be able to terminate the employment relation ship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relation ship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of **FAITH CONTRACTING CORPORATION**, except in a specific work contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE