

KOENIG HOMEBUILDERS

APPLICATION FOR EMPLOYMENT

P.O. Box 1897, Highlands, NC 28741 (828) 526-4953



NAME: _____ DATE: _____

ADDRESS: _____

SOCIAL SECURITY # _____

PHONE# _____ IS THIS YOUR PHONE? _____

HOURS YOU CAN BE REACHED AT THIS #: _____

NAME & # OF CONTACT IN CASE OF EMERGENCY: _____

HOW DID YOU LEARN ABOUT US? _____

POSITION DESIRED: _____

ARE YOU CURRENTLY EMPLOYED & WHERE? _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

IF NO, PLEASE EXPLAIN: _____

WHEN WOULD YOU BE ABLE TO START? _____

WHAT IS YOUR MINIMUM STARTING RATE EXPECTATIONS? _____

ARE YOU UNABLE TO PERFORM CERTAIN DUTIES IN THE JOB FOR WHICH YOU ARE APPLYING? IF YES, PLEASE EXPLAIN: _____

PLEASE "X" THE TIMES THAT YOU CAN WORK?

_____ WEEKENDS _____ HOLIDAYS _____ JOB RELATED TRAVEL _____ OVERTIME

ARE YOU LOOKING FOR: _____ FULL TIME _____ PART TIME _____ TEMPORARY

DO YOU HAVE PROPER I.D. TO WORK IN THE UNITED STATES SHOULD YOU BE MADE AN OFFER OF EMPLOYMENT? YES NO

(ID WILL BE REQUIRED BY FEDERAL I-9 FORM)

EDUCATION	High School	Trade School	Undergraduate	Graduate/
			College/University	Professional
School Name & Location				
Dates Attended				
Last Year Completed				
Diploma/Degree				
Course of Study				
Describe any specialized training or skills				
State any additional educational information you think may help us in considering your application				

Former Employers

List last 3 jobs starting with the most recent

Employer		Dates employed		Job Duties
		From	To	
Address		Hourly Rate/Salary		
Telephone Number				
Job Title	Contact			
Reason for Leaving				

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Please explain what experience, if any, you have had and what tools you have knowledge/ experience in using.

For insurance purposes, Koenig Homebuilders needs to know an applicant's driving record. (This will not disqualify an applicant from employment.)

Do you have a valid driver's license? Yes No If no, please explain. _____

Due to insurance requirements, all persons hired by Koenig Homebuilders will be subject to a pre-employment drug screening.

(We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all information given on this application as may be necessary in arriving at an employment decision by management. I understand that I am required to abide by all rules and regulations of the employer; and, if not followed will result in immediate termination of employment. I also understand that I will be required to pass a pre-employment drug test.

Signature of Applicant

Date