

Application for Employment

The Conlan Company is an Equal Opportunity Employer and will not lawfully discriminate against any employee or applicant.



THE
CONLAN
COMPANY

Corporate Offices: 1850 Parkway Place Suite 1200 Marietta, GA 30067 PH: 770.423.8000
10752 Deerwood Park Blvd S Suite 105 Jacksonville, FL 32256 PH: 904.309.8000
1501 LBJ Freeway Suite 450 Farmers Branch, TX 75234 PH: 469.522.7000

PERSONAL INFORMATION:

Full Name: _____ Date: _____
Address: _____ Telephone: _____
City/ST/Zip: _____ Email: _____

Are you legally eligible to work in the U.S.? (Proof will be required upon hire) Yes () No ()

Have you obtained legal/permanent residence status in any Country other than that of your citizenship? Yes () No ()

If "Yes", which country and when? _____

Bilingual? Yes () No () If "Yes", what other languages? _____

Transportation? Yes () No ()

Have you been convicted of a crime in the past 5 years? Yes () No () If "Yes", please explain? _____
(Conviction will not be an absolute bar to employment)

EMPLOYMENT DESIRED:

Position: _____ Date you can start: _____

Are you willing to Travel? Yes () No ()

Are you employed now? Yes () No () If so, may we contact your present employer? Yes () No ()

Have you ever worked for The Conlan Company before? Yes () No ()

If "Yes", which superintendent and when? _____

Names of any Relatives working at Conlan: _____

Names of any Friends working at Conlan: _____

EMPLOYMENT HISTORY:

List most recent employer first. List all positions held within the last ten (10) years. If you do not have enough space use additional paper and attach. Accuracy of this information is essential. If not completed in full, your application will not be considered.

Name of Previous/Current Employer _____ Starting Date: _____ Ending Date: _____
Address: _____ Starting Rate: _____ Ending Rate: _____
City/ST/Zip: _____ Position/Job Title: _____
Telephone: _____ Supervisor's Name: _____
Description of Work/Duties: _____ Supervisor's Title: _____
Reason for leaving: _____ May we contact your supervisor? Yes () No ()

Name of Previous/Current Employer _____ Starting Date: _____ Ending Date: _____
Address: _____ Starting Rate: _____ Ending Rate: _____
City/ST/Zip: _____ Position/Job Title: _____
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Name of Previous/Current Employer _____ Starting Date: _____ Ending Date: _____
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City/ST/Zip: _____ Position/Job Title: _____
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Reason for leaving: _____ May we contact your supervisor? Yes () No ()