



Hellas Construction, Inc.

12710 Research Blvd. #240

Austin, TX 78759

Phone: 512-250-2910 Fax: 512-250-1960

HellasConstruction.com

APPLICATION FOR EMPLOYMENT

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, creed, color, religion, sex, age, national origin, the presence of a non-job related medical condition or handicap, or veteran status.

We are an equal opportunity employer.

Today's Date: _____

GENERAL INFORMATION

Name (Last First Middle)	Telephone - Home	Telephone - Cell
Street Address, City, State, ZIP	Position Desired	Date you can start work
I am a U.S. Citizen or otherwise authorized to work in the United States <input type="checkbox"/> YES <input type="checkbox"/> NO	If applicable, please list your visa type, visa # and expirations _____ _____	
Have you ever served in the U.S. Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide the following information: Branch of service: _____ Rank at time of separation: _____ I served from: _____ to _____	
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you answered yes, please explain: _____ _____	

EMPLOYMENT HISTORY

List all current and former employers, beginning with present or most current employer first. Include any periods of unemployment, self-employment, etc.

Company Name	Starting Position	Starting Salary
City, State	Last position	Final Salary
Phone	Supervisor's name	Title
Duties		
Reason for leaving:	Dates of employment:	
May be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start (Month/Year)	End (Month/Year)
	_____	_____

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City, State	Last position	Final Salary
Phone	Supervisor's name	Title
Reason for leaving:		Duties
May be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of employment: Start (Month/Year) _____ End (Month/Year) _____

Company Name	Starting Position	Starting Salary
City, State	Last position	Final Salary
Phone	Supervisor's name	Title
Reason for leaving:		Duties
May be contacted now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of employment: Start (Month/Year) _____ End (Month/Year) _____

EDUCATION

High School
_____ Name and Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Attended from _____ to _____
Special honors or awards: _____
Technical or Vocational School
_____ Name and Address
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Attended from _____ to _____
Degree or Certification: _____ Specialty: _____
Special honors or awards: _____
College or University

Name and Address

Did you graduate? Yes No Attended from _____ to _____

Degree or Certification: _____ Major: _____

Special honors or awards: _____

POSITION SPECIFICATIONS

How did you hear about this job?

What hours are you willing to work?

<p>Would you be able to work weekends?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you willing to travel for jobs?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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When would you be able to start?

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspect of my prior educational and employment history.

Furthermore I understand that if I am hired, employment with this company is “at will” which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____

Date: _____

AUTHORIZATION TO RELEASE RECORDS

By completing this page you are authorizing Hellas Construction, Inc. to perform a criminal, MVR and Credit history check on you . You are authorizing HireRight to release any derogatory records you may have. Please note this Background check authorization is strictly voluntary at this point of your application process.

Name (Last First Middle) _____	Social Security Number: _____	Date of Birth: _____
Current address (include City, State and Zip) _____ How long? _____	Driver's License # /State _____	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Previous address (include City, State and Zip) _____ How long? _____		

I understand and agree that: The information supplied, was submitted myself, and all information is true and correct, to the best of my knowledge.

Signature

Date Signed

Printed Name

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