



Application for Employment

Frank Coluccio Construction is an equal opportunity employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____ / ____ / ____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile # () _____ Email Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? _____ Yes No
 If no, please explain: _____

Have you ever been employed here before? If **yes**, give date and position: _____ Yes No
 Are you legally eligible for employment in this country? _____ Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? **This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.** Yes No

Need more information about the job's "essential" functions to respond

Driver's license number required if driving may be required in the job for which you are applying: _____ State: _____

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to, or been convicted of a crime? **Do not identify any conviction for which it has been more than ten (10) years since the more recent of when you were convicted, entered into a pretrial diversion or similar program, or were released from imprisonment. Identify only the following convictions: (a) any crime involving violence, drugs, theft (including embezzlement), dishonesty of any kind (including forgery, fraud, perjury or extortion), intent to defraud, breach of trust, money laundering or any sex offense, or (b) any other crime that is reasonably related to the duties of the job(s) for which you are applying. If any of the jobs for which you are applying involve driving, the crimes that you are required to disclose also include any crimes or moving violations related to your operation of a motor vehicle, including driving while intoxicated, reckless driving and speeding. You are required to disclose a criminal conviction even if it resulted from a plea of guilty or nolo contendere. You are not required to disclose a conviction that has been sealed or expunged. A criminal record will not necessarily disqualify you from being hired.** Yes No _____

Employment History

Starting with your most recent employer, provide the following information

Employer	Telephone #		Month	Year	Month	Year
Compensation (Starting)						
Street address	City	State				
Starting job title / final job title			Hourly	Salary	\$	per
Immediate supervisor and title (for most recent position held)			Compensation (Ending)			
Why did you leave?			Hourly	Salary	\$	per
Commission / Bonus / Other			\$			
Summarize the type of work performed and job responsibilities.						
Employer	Telephone #		Month	Year	Month	Year
			Dates Employed: / to /			
Compensation (Starting)						
Street address	City	State				
Starting job title / final job title			Hourly	Salary	\$	per
Immediate supervisor and title (for most recent position held)			Compensation (Ending)			
Why did you leave?			Hourly	Salary	\$	per
Commission / Bonus / Other			\$			
Summarize the type of work performed and job responsibilities.						

Employment History (Continued)

Employer	Telephone #	Dates Employed:		Month / Year	to	Month / Year
Street address	City	State	Compensation (Starting)			
Starting job title / final job title			Hourly	Salary	\$	per
Immediate supervisor and title (for most recent position held)			Compensation (Ending)			
Why did you leave?			Hourly	Salary	\$	per
Commission / Bonus / Other			\$			
Summarize the type of work performed and job responsibilities.						

Skills and Organizations

Starting with your most recent school attended, provide the following information.

School (Including City & State)	Years Completed	Completed	GPA	Major / Minor
		Diploma Degree Certification Other		
		Diploma Degree Certification Other		
		Diploma Degree Certification Other		

References :

Name	Title	Relationship to You	Telephone	# of Years Known

Voluntary Questionnaire

To help Frank Coluccio Construction Company in monitoring personnel /contractor compliance with applicable labor laws, please complete this section. The Information provided in response to the Voluntary Questionnaire is maintained by FCCC separately from the Application, and the Information is not provided to nor considered by any person involved in the hiring process

(Check One)

- Race / Ethnic Identification: African American Hispanic Other
 Native Hawaiian / Pacific Islander Caucasian
 American Indian / AK Native Asian

Check if any of the following apply:

- Disabled Veteran
 Vietnam Era Veteran
 Disabled

I do not wish to complete this section.

Date: ____/____/____

Authorization

I certify that all my statements on this application are true and complete, and that I will notify the company of any changes affecting my responses. I understand and agree that any false statement, or any material omission, by me in the application process will result in cancellation of my application or termination of my employment.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company, and the persons and entities who provide information to the company, from all liability for any damage that may result from utilization of such information

I also understand and agree that no representative of the company had any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, endless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-relative or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws.

Date: _____ Signature of Applicant: _____