



APPLICATION FOR EMPLOYMENT

T.J. CAMPBELL CONSTRUCTION CO. INC.
6900 S SUNNYLANE RD
PO BOX 15129
OKLAHOMA CITY OK 73155-5129

PLEASE PRINT

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

Position(s) applied for _____ Date of application _____ / _____ / _____
mm dd yyyy

Referral Source
 Advertisement Employee Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____
Social Sec. No.: _____

Name: _____
LAST FIRST MIDDLE

Street Address: _____

City/State/Zip: _____

Email Address _____

Telephone # () _____ Cell/Other Phone # () _____

If necessary, best time to call you at home is _____ am _____ pm

May we contact you at work? Yes No

If yes, work number and best time to call () _____ am _____ pm

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give date(s) _____ From _____ To _____

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 _____

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE 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.

Driver's license number if driving is an essential job function _____ State _____

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

COMPANY NAME _____ _____ ADDRESS, CITY, STATE, ZIP _____ _____ PHONE NO. () NAME OF SUPERVISOR _____ MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">DATES WORKED FROM TO</td> <td colspan="2">POSITION(S) HELD</td> </tr> <tr> <td colspan="3">DUTIES/RESPONSIBILITIES</td> </tr> <tr> <td colspan="3">REASON FOR LEAVING</td> </tr> <tr> <td>HOURLY RATE/ SALARY</td> <td>STARTING WAGE \$</td> <td>ENDING WAGE \$</td> </tr> </table>	DATES WORKED FROM TO	POSITION(S) HELD		DUTIES/RESPONSIBILITIES			REASON FOR LEAVING			HOURLY RATE/ SALARY	STARTING WAGE \$	ENDING WAGE \$
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Comments including explanation of any gaps in employment

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying

EDUCATIONAL BACKGROUND (if job related)

- A. List last three (3) schools attended, starting with most recent. B. List number of years, completed.
C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank.
E. Major field of study (if applicable.)

A. SCHOOL	B. NO OF YEARS	C. DEGREE	D. GPA	E. MAJOR	F. MINOR
	COMPLETED	DIPLOMA	CLASS RANK		

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you

NAME	TELEPHONE	NUMBER OF YEARS
		KNOWN

ADDITIONAL INFORMATION

List any additional information you would like us to consider.

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this applications, resume or job interview . I hereby waive any and all rights and claims I may have regarding employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	5. Native American tribal document
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

**AFFIRMATIVE ACTION
VOLUNTARY INFORMATION**

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY.

Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

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

Referral Source

Walk-in Employee Government Employment Agency

Advertisement-Source _____ Private Employment Agency Other _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION

Name: LAST _____ FIRST _____ MIDDLE _____

Street Address: _____

City/State/Zip: _____

Telephone # () _____ Cell/Other Phone # () _____

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic

American Indian/Alaskan Native Asian/Pacific Islander Multiracial (having parents of different races)

This identification group is recognized only in the state of Michigan

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for _____ Available Not Available

Other positions considered for _____

Hired Yes No Date of hire ____ / ____ / ____

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Sales Workers Operatives (semi-skilled)

Professionals Office and Clerical Workers Laborers (unskilled)

Technicians Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date ____ / ____ / ____