

Ponderosa Builders

P.O. Box 2032
(850) 769-1116

Panama City, FL 32402
(850) 769-9900

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

FIRST NAME MI LAST SSN#

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? Yes No
IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

HOW DID YOU HEAR ABOUT US? _____

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT? _____

ARE YOU WILLING TO RELOCATE? Yes No

ARE YOU WILLING TO TRAVEL FOR THIS POSITION? Yes No

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? Yes No

IF YES, WHEN? _____ WHERE? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of **Ponderosa Builders** to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION:

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? Yes No

IF YES, WHEN? (MO.) _____ (YR.) _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE COMPANY? Yes No

IF YES, WHEN? (MO.) _____ (YR.) _____ FOR WHAT POSITION? _____

EDUCATION

LAST HIGH SCHOOL ATTENDED/complete address

ATTENDED FROM _____/_____/_____ TO _____/_____/_____ GRADUATED? Yes No
IF YOU DID NOT GRADUATE, HAVE YOU RECEIVED A GED OR EQUIVALENT? Yes No

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM _____/_____/_____ TO _____/_____/_____ GRADUATED? Yes No

MAJOR _____ DEGREE RECEIVED _____

COLLEGE OR UNIVERSITY/complete address

ATTENDED FROM _____/_____/_____ TO _____/_____/_____ GRADUATED? Yes No

MAJOR _____ DEGREE RECEIVED _____

OTHER (Technical, Vocation, Graduate, etc. complete address)

ATTENDED FROM _____/_____/_____ TO _____/_____/_____ GRADUATED? Yes No

MAJOR _____ DEGREE RECEIVED _____

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

_____ Fluent? Yes No

_____ Fluent? Yes No

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EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT? <input type="radio"/> Yes <input type="radio"/> No			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT? <input type="radio"/> Yes <input type="radio"/> No			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT? <input type="radio"/> Yes <input type="radio"/> No			

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PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT? <input type="radio"/> Yes <input type="radio"/> No			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
STREET ADDRESS	CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR			
TITLE OF YOUR POSITION		DEPARTMENT	
DUTIES			
REASON FOR LEAVING			
MAY WE CONTACT? <input type="radio"/> Yes <input type="radio"/> No			

ARE THERE ANY PERIODS OF UNEMPLOYMENT AND/OR PART-TIME EMPLOYMENT SINCE YOU GRADUATED OR LAST ATTENDED HIGH SCHOOL WHICH ARE NOT LISTED ABOVE OR ON A SEPARATE SHEET? Yes No

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED. OR TERMINATED? Yes No

IF YES, PLEASE EXPLAIN:

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY:

1. _____
2. _____
3. _____
4. _____

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MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____

MILITARY OCCUPATION: _____

DATE OF ENTRY INTO ACTIVE DUTY: _____/_____/_____ DATE OF SEPARATION: _____/_____/_____
(MONTH/YEAR) (MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: _____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT MAY REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please sign your initials next to the following statements affirming that you have read, understand, and agree.)

_____ I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

_____ I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

_____ I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment. Ponderosa Builders is a drug free workplace.

_____ I HEREBY AUTHORIZE the medical professional to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

_____ I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that ONLY an officer of the Company has the authority to enter into an agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

_____ I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

Signature _____ Date _____

Please attach any additional sheets, resumes, or other documents you wish to be considered while reviewing this application for employment.

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in **Ponderosa Builders** is appreciated.

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